## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## FILED Sep 23, 1999 8:00 am Secretary of State

9-10-99

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 09-23-1999 90002 036 \*\*\*550 00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P95000033524 (6) 1. Corporation Name BENNETT FAMILY INVESTMENT CORPORATION Mailing Address Principal Place of Business 1540\_S\_HOLLAND\_SYLVANIA 5 ISLA BAHIA DRIVE \_ MAUMEE, OH FT. LAUDERDALE, FL DO NOT WRITE IN THIS SPACE 43537 33316 3. Date incorporated or Qualified 04/28/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0592588 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees **Trust Fund Contribution** 28 23 8. This corporation owes the current year Intangible Personal Country Country Zip Zio XNo Property Tax. Yes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 82 VALDES-FAULI CORPORATE SERVICES, 777 SOUTH FLAGLER DRIVE 83 SUITE 500 84 City 85 Zio Code W PALM BEACH, FL 33402 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Addition DELETE 1.1 TITLE TITLE BENNETT, KEITH A 1.2 NAME NAME 1540 S HOLLAND SYLVANIA RD 1.3 STREET ADDRESS STREET ADDRESS MAUMEE, OH 43537 1.4 CITY - ST - ZIP CITY - ST - ZIP Addition Change 2.1 TITLE TITLE GIACCI, TERESA BENNETT 2.2 NAME NAME 2.3 STREET ADDRESS 1540 S HOLLAND SYLVANIA RD STREET ADORESS 2.4 CITY - ST - ZIP MAUMEE, OH 43537 CITY - ST - ZIP Change Addition 3.1 TITLE DELETE TITLE 3.2 NAME SWAFFORD, LAURA L NAME 1540 S HOLLAND SYLVANIA RD 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP -MAUMEE, OH 43537 CITY - ST - ZIP Addition Change \_\_ DELETE 4.1\_TITLE TITLE --BENNETT, ROBERT B 1540 S HOLLAND SYLVANIA RD 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS MAUMEE, OH 43537 4.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 5.1 TITLE Change TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the concoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STF FL32381F.1