

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062600 (8)

1. Corporation Name
BERNANDRA, INC.



Principal Place of Business: 4224 COASTAL HIGHWAY CRAWFORDVILLE FL 32327
Mailing Address: 4224 COASTAL HIGHWAY CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified: 08/14/1995
3a. Date of Last Report

2. Principal Place of Business: 21 1616 CRAWFORDVILLE HWY
Suite, Apt. #, etc.: 22 SUITED
City & State: 23 CRAWFORDVILLE FL
Zip: 24 32327 Country: 25 WAKULLA
2a. Mailing Address: 26 1616 CRAWFORDVILLE HWY
Suite, Apt. #, etc.: 27 SUITE D
City & State: 28 CRAWFORDVILLE FL
Zip: 29 32327 Country: 30 WAKULLA

4. FEI Number: 59-3331120 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HUGUENIN, ROBERT
4224 COASTAL HIGHWAY
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HUGUENIN, ROBERT | |
| STREET ADDRESS | 4224 COASTAL HIGHWAY | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HUGUENIN, SANDRA | |
| STREET ADDRESS | 4224 COASTAL HIGHWAY | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SCHNEIDER, BERNICE | |
| STREET ADDRESS | 110 DELAWARE BOULEVARD, #1DC | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | HUGUENIN, ROBERT | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | HUGUENIN, SANDRA | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 36 OYSTER BAY DR. | |
| 3.4 CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 corporation 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 changed, or on an attachment with an address.

SIGNATURE: Robert Huguenin DATE: 2/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 904 926 5400
DATE DAY/MO/YR TELEPHONE NUMBER

CR2E034 (12/95)