

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 # P95000079313 (9)

1. Corporation Name
B. C. H. INC.



Principal Place of Business

Mailing Address

445 NEWPORT DR
INDIALANTIC FL 32903

445 NEWPORT DR
INDIALANTIC FL 32903

3. Date Incorporated or Qualified
10/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7075 SO TROPICAL TR

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Merritt Island FL

28

Zip

Country

Zip

Country

24 32952

25 Brevard

29

30

4. FEI Number

59-3340110

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

10. Name and Address of New Registered Agent

HOLSOMBACH, ROBERT
445 NEWPORT DR
INDIALANTIC FL 32903

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Robert Holsombach

Robert Holsombach

11/26/96

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒

Holsombach Robert

☐ Change

☐ Addition

NAME
HOLSOMBACH, ROBERT
STREET ADDRESS
445 NEWPORT DR
CITY-ST-ZIP
INDIALANTIC FL 32903

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

7075 So Tropical Trail
Merritt Island, FL 32952

TITLE ☐ DELETE

2.1 TITLE ☒

Holsombach Carole

☐ Change

☐ Addition

NAME
HOLSOMBACH, CAROLE
STREET ADDRESS
445 NEWPORT DR
CITY-ST-ZIP
INDIALANTIC FL 32903

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

7075 So Tropical Tr.
Merritt Island, FL 32952

TITLE ☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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 Holsombach V.P.

Robert Holsombach

7/26/96

407 984 0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)