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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000095273 (5)**

1. Corporation Name

BENTLEY AND COMPANY, INC.

Principal Place of Business	Mailing Address
NO. 2 HARRY MCCLELLAN RD P O BOX 638 BLOUNTSTOWN FL 32424	NO. 2 HARRY MCCLELLAN RD P O BOX 638 BLOUNTSTOWN FL 32424

3. Date Incorporated or Qualified: **12/15/1995**

3a. Date of Last Report: N/A

4. FEI Number: [X] 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

GASKIN, HAROLD E
NO. 2 HARRY MCCLELLAN RD
P O BOX 638
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent

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 607.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[ ] DELETE	11 TITLE	D [ ] Change [X] Addition
NAME		12 NAME	Harold E Gaskin
STREET ADDRESS		13 STREET ADDRESS	PO Box 638 #2 Harry McClellan Rd
CITY-ST-ZIP		14 CITY-ST-ZIP	Blountstown, FL 32424
TITLE	[ ] DELETE	21 TITLE	D [ ] Change [X] Addition
NAME		22 NAME	Helen D. Gaskin #2 Harry McClellan Rd
STREET ADDRESS		23 STREET ADDRESS	PO Box 638
CITY-ST-ZIP		24 CITY-ST-ZIP	Blountstown, FL. 32424
TITLE	[ ] DELETE	31 TITLE	D [ ] Change [X] Addition
NAME		32 NAME	Carlos L. Gaskin
STREET ADDRESS		33 STREET ADDRESS	3216 Shannon Lakes N.
CITY-ST-ZIP		34 CITY-ST-ZIP	Tallahassee, FL. 32308
TITLE	[ ] DELETE	41 TITLE	D [ ] Change [X] Addition
NAME		42 NAME	Cheryl W. Gaskin
STREET ADDRESS		43 STREET ADDRESS	3216 Shannon Lakes N.
CITY-ST-ZIP		44 CITY-ST-ZIP	Tallahassee, FL. 32308
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is valid, furnished and 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 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 added to the report with an address.

SIGNATURE: Harold E Gaskin — 2-7-96 — 904-674-4478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #