

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 23 1997 8:00am
Secretary of State

DOCUMENT # P96000046723 (8)

1. Corporation Name
B.P.H.S INC.



Principal Place of Business

527 MARY ESTER CUTOFF
MARY ESTER FL 32548

Mailing Address

527 MARY ESTER CUTOFF
MARY ESTER FL 32548

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 B.P.H.S. INC.

Suite, Apt. #, etc.

22 527 Mary Esther Cutoff

City & State

23 Ft. Walton Beach, FL

Zip

24 32548

Country

2a. Mailing Address

26 B.P.H.S. INC.

Suite, Apt. #, etc.

27 527 Mary Esther Cutoff

City & State

28 Ft. Walton Beach, FL

Zip

29 32548

Country

3. Date Incorporated or Qualified

05/29/1996

3a. Date of Last Report

4. FEI Number

59-3382257

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CONERLY, LAMAR JR
415 MOUNTAIN DRIVE
SUITE 3
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name William Scott Foster, Esquire
82 Street Address / P.O. Box Number Not Applicable
83 909 Mar. Walt Dr., Suite 1014
84 City Ft. Walton Beach FL
85 Zip Code 32548

11. Pursuant to the provisions of Sections 607.0508 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. (any change in name and address of the corporation is required by Section 607.0508, Florida Statutes.)

SIGNATURE

[Signature]

8-14-97

(Note: typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HENDRICKSON, BOB
STREET ADDRESS 527 MARY ESTER CUTOFF
CITY-ST-ZIP MARY ESTER FL 32548

TITLE ☐ DELETE

NAME BLOCK, PHILLIP DR
STREET ADDRESS 527 MARY ESTER CUTOFF
CITY-ST-ZIP MARY ESTER FL 32548

TITLE ☐ DELETE

NAME STRAUSS, STEVE DR
STREET ADDRESS 527 MARY ESTER CUTOFF
CITY-ST-ZIP MARY ESTER FL 32548

TITLE ☐ DELETE

NAME WEINER, HILTON R
STREET ADDRESS 527 MARY ESTER CUTOFF
CITY-ST-ZIP MARY ESTER FL 32548

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 on an attachment with an address.

SIGNATURE

[Signature]

8-14-97

CR2E034 (4/97)