

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000047023

1. Corporation Name

BRIDGE CONNECTION, INC.

Principal Place of Business

12874 S.W. Pembroke Circle
Lake Suzy, FL 33821-6992

Mailing Address

12874 S.W. Pembroke Circle
Lake Suzy, FL 33821-6992

3. Date Incorporated or Qualified

May 28, 1996

3a. Date of Last Report

2. Principal Place of Business

21 106 Hibiscus Drive

22 Suite, Apt. #, etc.

23 City & State

Punta Gorda Florida

24 Zip

33950

25 Country

USA

2a. Mailing Address

26 106 Hibiscus Drive

27 Suite, Apt. #, etc.

28 City & State

Punta Gorda Florida

29 Zip

33950

30 Country

USA

4. FFI Number

65-0693197

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Daniel V. M. Kazor
12874 S.W. Pembroke Circle
Lake Suzy, FL 33821-6992

10. Name and Address of New Registered Agent

81 Name Nancy Van Dorn
82 Street Address (P.O. Box Number is Not Acceptable)
106 Hibiscus Drive
83
84 City Punta Gorda, FL 85 Zip Code 33950

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 and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of officer or director of corporation and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

04-10-1997

12. OFFICERS AND DIRECTORS	
TITLE	D/P/T ☐ DELETE
NAME	Nancy Van Dorn
STREET ADDRESS	106 Hibiscus Drive
CITY-STATE-ZIP	Punta Gorda, FL 33950
TITLE	D/VP/S ☐ DELETE
NAME	Jack Van Dorn
STREET ADDRESS	106 Hibiscus Drive
CITY-STATE-ZIP	Punta Gorda, FL 33950
TITLE	D ☐ DELETE
NAME	Pauline Bennington
STREET ADDRESS	162 Maria Court
CITY-STATE-ZIP	Punta Gorda, FL 33950-5127
TITLE	D ☐ DELETE
NAME	Phyllis Kaplan
STREET ADDRESS	18157 Regan Avenue
CITY-STATE-ZIP	Port Charlotte, FL 33648
TITLE	D ☐ DELETE
NAME	William Marten
STREET ADDRESS	21441 Dobbins Avenue
CITY-STATE-ZIP	Port Charlotte, FL 33954-3827

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-1997
Date
Daytime Phone #

CR2E034 (9/96)