

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

07-07-1999 90011 010 ***150.00
P96000054702

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054702

1. Corporation Name
BC MERCHANDISE, INC.

FILED

99 JUL 16 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
200A CAPITAL CIRCLE S.W. 200A CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310 TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1996	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3389358		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes the current year intangible personal property. <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Name and Address of Current Registered Agent CURVEY, CLIFFORD E 2376 ROYAL OAKS DR. TALLAHASSEE FL 32308				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 607.1508, 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

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURVEY, CLIFFORD E	1.2 NAME	
STREET ADDRESS	2376 ROYAL OAKS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPERS, BETTY V	2.2 NAME	
STREET ADDRESS	4587-MCMILLIAN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCHLOCKNEE GA 31773	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: BETTY V PEPPERS SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

7-6-99

Date

Daytime Phone #

CR2034 (5/99)

July 6, 1999

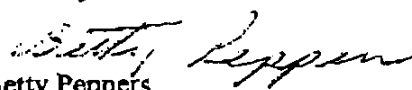
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is being written per my conversation with Mr. Tom Gebora on July 6, 1999. I did not receive the first annual report, please abate the penalty and enclosed is my check for \$150.00.

Thank you for your help and advice in this matter.

Sincerely,


Betty Peppers
BC Merchandise, Inc.

July 16, 1999 Fax # 850-878-5072

Phone: 878-5077

From: B C Merchandise, Inc.
Betty Peppers
200 Capital Circle SW
Tallahassee, FL 32310

To: Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Attention: Stacy

This letter is being written per our conversation over the telephone this morning. Attached is a copy of the note of explanation I sent with my check of \$150.00 per instructions of Mr. Gebora. As I explained over the phone this morning, I always take my mail to the CPA for instructions to sign and mail or to sign and include a check and mail. Therefore, I either didn't receive the correct instructions or I didn't receive the annual report, or some other explanation of which I know not. I certainly do appreciate your help on this matter. This business is just a small family run operation and cannot afford unwarranted expenses, and I can assure you the due date of this report is now on "my" calendar and will not be late for any reason ever again.

Again, I want to thank you and Mr. Gebora for being so very nice and understanding.

Sincerely,



Betty Peppers

