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PROFIT CORPORATION ANNUAL REPORT **/1999**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073373 1. Corporation Name

BERGEO INVESTMENTS, INC.

Principal Place of Business Mailing Address 24428 STATE RD 40 P.O. BOX 671 **ASTOR FL 32102 ASTOR FL 32102**

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90003 023 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3397734 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Zip Added to Fees Country Zip Country 8. This corporation owes the current year Intangible 29 30 Personal Property Tax. □No ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SERPENTINO TACY, RUTH G 27111 STATE ROAD 40 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 671 83 ASTOR FL 32102 City 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 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE □ Change ☐ Addition NAME BERNARD WILLIAM TACY 1.2 NAME STREET ADDRESS 27111 STATE ROAD 40 1.3 STREET ADDRESS ASTOR FL 32102 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE Change ☐ Addition NAME **RUTH G SERPENTINO TACY** 2.2 NAME STREET ADDRESS 27111 STATE ROAD 40 2.3 STREET ADDRESS DITY-ST-ZIP ASTOR FL 32102 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TILE ☐ DELETE 4.1 TITLE ☐ Change Addition AME 4. 2 NAME TREET ADDRESS 4.3 STREET ADDRESS ITY-ST-ZIP 4.4 CITY-ST-ZIP ΠF DELETE 5.1 TITLE ☐ Change ☐ Addition IAME 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS ITY-ST-ZIP 5.4 CITY-ST-ZIP TLE □ DELETE 6.1 TITLE Addition ☐ Change ME 6.2 NAME TREET ADDRESS 6.3 STREET ADDRESS

4. 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIF

IGNATURE:

TY-ST-ZIP

Hulk S. Ser Bentino Tacy

CR2E034 (11/98)