FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Mar 30 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000004859 (9) DOCUMENT # BM&W DEVELOPMENT, INC. Mailing Address Principal Place of Business **5950 IMPERIAL LAKES BLVD** 5950 IMPERIAL LAKES BLVD MULBERRY FL 33960 MULBERRY FL 33860 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/16/1997 2. Principal Place of Business 21 POIK COUNT 2a. Mailing Address
26 P.O. BOX U 308 Applied For U5-0730539 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 巫 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be C1. 33801 Lakelar  $\Box$ 23 Trust Fund Contribution Added to Fees Zıp Country B. This corporation owes or has paid the current year Intangible 380 Ame Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CHRITTON, CHARLES P 5300 S. FLORIDA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **LAKELAND FL 33813** 83 City Zip Code 85 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 printing name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. President DELETE TITLE 1.1 TITLE ☐ Change \_\_\_ Addition NAME 1.2 NAME NIA Janus A. Hoore. STREET ADDRESS 1.3 STREET ADDRESS Lakeland CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition 414 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE ☐ Change Addition TΠ1 F

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 Jupiliemental 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 composition or the receiper or trusted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if pringing or or on an assessment with appears in the composition of the receiper of of t 2/20/58 941-646-1441