

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sanora B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 24 PM 1:16

**DOCUMENT # S09137 (8)**

1. Corporation Name  
**BERGERON, INC.**

Principal Place of Business Mailing Address  
**8421 ARBOR GATE COURT ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/26/1990</b>	3a. Date of Last Report <b>03/24/1994</b>
4. FEI Number <b>59-3035654</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 8421 ARBOR GATE COURT</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>29</b>
Country <b>25</b>	Zip <b>30</b>

**9. Name and Address of Current Registered Agent**

**BERGERON, ALBERT A.  
8421 ARBOR GATE COURT  
ORLANDO FL 32819**

**10. Name and Address of New Registered Agent**

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b> B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>BERGERON, ALBERT A.</b>
STREET ADDRESS	<b>8421 ARBOR GATE COURT</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>BERGERON, MARY P.</b>
STREET ADDRESS	<b>8421 ARBOR GATE COURT</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
1. STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or assignee of the corporation; that the information indicated on this annual report or supplemental annual report; that I am an officer or director of the corporation or the receiver or trustee or assignee of the corporation; that the information indicated on this annual report or supplemental annual report appears in Block 12 or Block 13 if changed, or on an attachment with an address change.

SIGNATURE: Albert A. Bergeron  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF THIS REPORT

I do not qualify for the exemption stated in Section 110.07(3)(k), 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name is the name of the corporation as shown on the records of the Division of Corporations.  
Date: 3/17/95  
DATE (TYPE IN)