FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:41

DOCUMENT # S35794 (4)

1. Corporation Name

B.G. MOTORS, INC.

Principal Place of Business	Mailing Address
6321 NORTH PALAFOX STREET PENSACOLA FL 32503	6321 NORTH PALAFOX STREET PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 03/04/1991

3a. Date of Last Report: 02/11/1994

4. FEI Number: 59-3053902 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

VAN MATRE, THOMAS G. JR.
4300 BAYOU BOULEVARD
SUITE 16
PENSACOLA FL 32503

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

TITLE	PST
NAME	ALLEN, MYRON EDDY
STREET ADDRESS	4551 CREIGHTON BLVD.
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	ALLEN, MYRON EDDY
STREET ADDRESS	4551 CREIGHTON BLVD.
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	☒ Change ☐ Addition
1.2 NAME	MYRON Eddy ALLEN	
1.3 STREET ADDRESS	3064 MARCUS POINTE BLVD	
1.4 CITY-ST-ZIP	PENSACOLA FL 32505	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	MYRON Eddy ALLEN	
2.3 STREET ADDRESS	3064 MARCUS POINTE BLVD	
2.4 CITY-ST-ZIP	PENSACOLA FL 32505	
3.1 TITLE	V ~~MARIA~~	☐ Change ☒ Addition
3.2 NAME	MARIA V. ALLEN	
3.3 STREET ADDRESS	3064 MARCUS POINTE BLVD	
3.4 CITY-ST-ZIP	PENSACOLA FL 32505	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	MARIA V. ALLEN	
4.3 STREET ADDRESS	3064 MARCAS POINTE BLVD	
4.4 CITY-ST-ZIP	PENSACOLA FL 32505	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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; 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] MYRON Eddy ALLEN 2-6-95 (904) 479-7362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0386531 CP