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 14 PM 2:15

DOCUMENT # **S44299** **(3)**

1. Corporation Name
BUSINESS OWNERS MANAGEMENT SERVICE COMPANY

Principal Place of Business	Mailing Address
250 E. PARK AVE. LAKE WALES FL 33853	P.O. BOX 2338 LAKE WALES FL 33859-2338

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/10/1991	3a. Date of Last Report: 10/05/1994
4. FEI Number: 59-3061821	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BUTLER, MICHAEL R~~ ~~244 E. PARK AVE.~~ ~~LAKE WALES FL 33853~~	81 Name: Kyle D. Sherman 82 Street Address (P.O. Box Number is Not Acceptable): 244 East Park Avenue 83 84 City: Lake Wales FL 85 Zip Code: 33853

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: Kyle Sherman — 2/1/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	MATHEWSON, ANTHONY K	1.2 NAME		
STREET ADDRESS	1191 S. LAKESHORE BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	GRIMES, R. MICHAEL	2.2 NAME		
STREET ADDRESS	807 HILLSIDE AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	BENSON, CRAIG	3.2 NAME		
STREET ADDRESS	510 N. OAK AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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, added or deleted.

SIGNATURE: Anthony K. Mathewson — (813) 678-1337
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Daytime Phone Number (Optional)
Anthony K. Mathewson, President

0446701 FP