

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # S94288 (5)

95 JAN 17 AM 11:33

1. Corporation Name

B.G.R. INCORPORATED

2. Principal Place of Business

**8431 NEW KINGS ROAD
JACKSONVILLE FL 32219**

2a. Mailing Address

**8431 NEW KINGS ROAD
JACKSONVILLE FL 32219**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1991

3a. Date of Last Report

02/24/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

4. FEI Number

59-3093534

Applied For

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24. Zip

25. Country

29. Zip

30. Country

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

9. Name and Address of Current Registered Agent

**PAUL, HERMAN S.
2468 ATLANTIC BLVD.
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0412 and 607.1506, 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 607.0416, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the reasons stated in Section 199.032, Florida Statutes. I further certify that the information supplied has been authorized by the appropriate persons in the corporation 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 at the time the information was provided. I understand that my signature is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. I also understand that my signature will be an address.

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

SIGNATURE:

Lorin L. Geiger
LOVIN L. GEIGER
TREASURER

1/11/95

904-765-4660