## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT 1998 DIVISION OF CORPORATIONS DOCUMENT # B.C.W. INVESTMENT CO. INC. Principal Place of Business 1341 TROPICANA RD PALM BAY FL 32905

## **FILED** Apr 29 1998 8:00am Secretary of State

(1) Mailing Address P O BOX 060012 PALM BAY FL 32906-0012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/30/1992 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3164419 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name FOLSOM, WILLARD V. 1341 TROPICANA DRIVE Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32906-0012 83 City 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 little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ■ Addition 1.1 TITLE TITLE FOLSOM, WILLARD V. NAME 1.2 NAME 1341 TROPICANA DRIVE STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE FOLSOM, BETTY J. 2.2 NAME NAME **1341 TROPICANA DRIVE** STREET ADDRESS 2.3 STREET ADDRESS PALM BAY FL CITY-ST-ZIP 2 4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 City-ST-ZiP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Sandra B. Mortham

Secretary of State

14. I hereby certify that the information supplied with this filing 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 ctyliged, or on an article themselves.

BETTY FOLSOM) 4-20-98 SIGNATURE