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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90055 029 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

# DOCUMENT # V25666

B.C.W. INVESTMENT CO. INC.

Principal Place of Business 1341 TROPICANA RD PALM BAY FL 32905 Mailing Address
P O BOX 060012

PALM BAY FL 32906-0012

US

					3.	03/30/1992		
2.	Principal Place of Business	2a.	Mailing Address		4.	FEI Number		Applied For
21	2447 N.WickhAMRD.	26				<u>59-3164419</u>		Not Applicable
	Suite Apt. #, etc.		Suite, Apt. #, etc.		_	Certificate of Status Desired		5 Additional
22	<del>-</del> ₩ 12 4	27			٦.	Obtained of clared belowed [2]	Fee	Required
	-City & State		-City & State		6:	-Election Campaign Financing	\$5:	00-мау Ве
23	MelBourne FlA.	28		·		Trust Fund Contribution	Add	ted to Fees
Zip Country			Zip	Country	This corporation owes the current year Intangible			

32435  25	29	30	Personal Property Tax.	No			
	of Current Registered Agen		10. Name and Address of New Registered Agent				
FOLSOM, WILLARD V.		81 N	ame				
1341 TROPICANA DRIVE		82 S	treet Address (P.O. Box Number is Not Acceptable	e)			
PALM BAY FL 32906-0012		83					
		84 C	ity	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.

office or re agent. I ar	n familiar with, and accept the obligations of, Section 607.0505, Florid	a Statutes.		
SIGNATURE		RD V. FOC	0 CS 0 A S A P E 9 9 The required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addit	ion
NAME	FOLSOM, WILLARD V.	1.2 NAME		
STREET ADDRESS	1341 TROPICANA DRIVE	1.3 STREET ADDRESS	ss	
CITY-ST-ZIP	PALM BAY FL	1,4 CITY-ST-ZIP		
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addi	ion
NAME	FOLSOM, BETTY J.	2.2 NAME		
STREET ADDRESS	1341 TROPICANA DRIVE	2.3 STREET ADDRESS	as s	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP		
ııırĒ	DELETE	3.1 TITLE	☐ Change ☐ Addit	ion
NAME		3.2 NAME		
STREET ADDRESS	,	3.3 STREET ADDRESS	es ·	
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addi:	ion
NAME	,	4.2 NAME		
STREET ADDRESS	•	4.3 STREET ADDRESS	es es	
CITY-ST-ZIP	·	4.4 CITY-ST-ZIP		
TITLE	. DELETE	5.1 TITLE	☐ Change ☐ Addir	noi
NAME	* ,	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	55	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	. DELETE	6.1 TITLE	☐ Change ☐ Addi:	noi:
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	38	
CITY-ST-ZIP	•	6.4 CITY-ST-ZIP		

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 changed, or on any attachment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 Apre 99 407-254-8027

Daytime Phone #

CR2E034 (