

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

0625901

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 09/20/1995
 TALLAHASSEE, FLORIDA

DOCUMENT # F95000004582

1. Corporation Name
B.M.L., INC



Principal Place of Business: 215 WEST NEW ROAD, SUITE 200 GREENFIELD IN 46140
 Mailing Address: 215 WEST NEW ROAD, SUITE 200 GREENFIELD IN 46140

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 09/20/1995
 4. FEI Number: 35-1961319 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
KNAPP, SHERRY
 101 ORANGE CO CIRCLE NE
 WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent
 81 Name: CAPITAL CONNECTIONS, INC.
 82 Street Address (P.O. Box Number is Not Acceptable): 417 EAST VIRGINIA STREET SUITE 1
 84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: *Chris Greenwalt* (NOTE: Registered Agent signature required when reinstating) DATE: 6/25/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GREENWALT, R. LYNN	
STREET ADDRESS	2424 E 600 N	
CITY-ST-ZIP	GREENFIELD IN	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WHISENANT, BLAKE	
STREET ADDRESS	19725 STATE RD. 62	
CITY-ST-ZIP	PARRISH FL 34219-0279	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREENWALT, R. MAX	
STREET ADDRESS	5431 SUGAR HILL DR.	
CITY-ST-ZIP	GREENFIELD IN 46140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	300002918179-0
3.3 STREET ADDRESS	-06/29/99--01020--009
3.4 CITY-ST-ZIP	****550.00 ****550.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 an attachment with an address, with all other like empowered.

SIGNATURE: *Blake Whisenant* DATE: June 18, 1999

CR2E034 (1/98)