

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005218 (0)
 1. Corporation Name
BPR HOLDINGS, INC.



Principal Place of Business 27217 CR 6 ELKHART IN 46514	Mailing Address 27217 CR 6 ELKHART IN 46514
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/08/1996	
4. FEI Number 35-1968302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BUNDAY, BOB
3020 REYNOLD RD
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** **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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	RENBARGER, LARRY	
STREET ADDRESS	2831 DEXTER DR	
CITY-ST-ZIP	ELKHART IN	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SALZER, STEVE	
STREET ADDRESS	2831 DEXTER DR	
CITY-ST-ZIP	ELKHART IN	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STULTS, RAY	
STREET ADDRESS	2831 DEXTER DR	
CITY-ST-ZIP	ELKHART IN	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEDBETTER, DALE	
STREET ADDRESS	2831 DEXTER DR	
CITY-ST-ZIP	ELKHART IN	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NEILSON, MARK	
STREET ADDRESS	2831 DEXTER DR	
CITY-ST-ZIP	ELKHART IN	
TITLE		<input checked="" 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	Chairman
1.3 STREET ADDRESS	Jerry Kimmel
1.4 CITY-ST-ZIP	2831 Dexter Dr., Elkhart, In
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President-Treasurer
2.3 STREET ADDRESS	Ellis McKinley
2.4 CITY-ST-ZIP	2831 Dexter Dr. Elkhart, IN
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Richard Tucker
3.4 CITY-ST-ZIP	2831 Dexter Dr. Elkhart, IN
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.

SIGNATURE: *Michael Maxey* **1/20/98 219-262-1514**

CR2E034 (10/97)