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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:37

DOCUMENT # **524615** **(2)**

1. Corporation Name
B-C CORRAL, INC.

Principal Place of Business	Mailing Address
4509 HWY 92 EAST LAKELAND FL 33801	4509 HWY 92 EAST LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1977
3a. Date of Last Report: 01/31/1994

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

4. FEI Number: 59-1694714 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUDDLESTON, SAMUEL D.
7930 OLD POLK CITY RD.
1121 HARTSELL AVENUE
LAKELAND, 33803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Delete 7930 Old Polk City Rd
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 (Signature of new registered agent, if applicable) (Name of Registered Agent (typed or printed)) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HUDDLESTON, SAMUEL D	12 NAME	
STREET ADDRESS	1121 HAITSELL AVE	13 STREET ADDRESS	1121 HARTSELL AVE
CITY ST ZIP	LAKELAND, FL 00000	14 CITY ST ZIP	33803
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, MARY ANNE	22 NAME	
STREET ADDRESS	7930 OLD POLK CITY RD	23 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL 00000	24 CITY ST ZIP	33809
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	YAWN, W.E.	32 NAME	
STREET ADDRESS	232 N. MASS AVE.	33 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	34 CITY ST ZIP	33801
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BROWN, REGINALD E., JR.	42 NAME	
STREET ADDRESS	1609 ELIZABETH AVENUE	43 STREET ADDRESS	
CITY ST ZIP	RUSTON, LA 71270	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: S. D. Huddleston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
S. D. Huddleston

1/12/95 (Date) 813-666-2200 (Daytime Phone #)

0312800 CP