

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 524615

(2)

1. Corporation Name
B-C CORRAL, INC.

Principal Place of Business

**4509 HWY 92 EAST
LAKELAND FL 33801**

Mailing Address

**4509 HWY 92 EAST
LAKELAND FL 33801**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**HUDDLESTON, SAMUEL D.
1121 HARTSELL AV
1121 HARTSELL AVENUE
LAKELAND, 33803**

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

Signature of corporation and officer, agent and director

Signature of registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PD
HUDDLESTON, SAMUEL D
1121 HARTSELL AV
LAKELAND, FL 00000**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**VD
BROWN, MARY ANNE
7930 OLD POLK CITY RD
LAKELAND, FL 00000**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**S
YAWN, W.E.
232 N. MASS AVE.
LAKELAND FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**TD
BROWN, REGINALD E., JR.
1609 ELIZABETH AVENUE
RUSTON, LA 71270**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-STATE-ZIP

19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-STATE-ZIP

23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY-STATE-ZIP

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107 TITLE 108 NAME 109 STREET ADDRESS 110 CITY-STATE-ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-STATE-ZIP

115 TITLE 116 NAME 117 STREET ADDRESS 118 CITY-STATE-ZIP

119 TITLE 120 NAME 121 STREET ADDRESS 122 CITY-STATE-ZIP

123 TITLE 124 NAME 125 STREET ADDRESS 126 CITY-STATE-ZIP

127 TITLE 128 NAME 129 STREET ADDRESS 130 CITY-STATE-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)(d), 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 included, or on an attachment with an address.

SIGNATURE:

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

4/2/96 941-666-7700
DATE AND PHONE NUMBER

CR2E034 (12/95)