FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

Jan 16, 2002 8:00 am DOCUMENT # **Secretary of State** 524615 1. Entity Name 01-16-2002 90264 031 ***150.00 B-C CORRAL, INC. Park to the second Principal Place of Business Mailing Address 4509 HWY 92 EAST 4509 HWY 92 EAST LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1694714 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUDDLESTON, SAMUEL D. Street Address (P.O. Box Number is Not Acceptable) 1121 HARTSELL AV 1121 HARTSELL AVENUE LAKELAND FL 33803 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Change ☐ Addition □¹ Délete NAME A CALL NAME HUDDLESTON, SAMUEL D STREET ADDRESS STREET ADDRESS 1121 HARTSELL AV CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 00000 ☐ Delete TITLE ☐ Change ☐ Addition NAME **BROWN, MARY ANNE** NAME 1000 Timark Lave STREET ADDRESS STREET ADDRESS P.O BOX 126 N/A CITY-ST-ZIP CITY-ST-ZIP Marianna, Fl 32448 **BUFFALO VALLEY TN** TITLE ☐ Delete TITLE ☐ Change Addition NAME BROWN, REGINALD E., JR. 14008 58th Place STREET ADDRESS STREET ADDRESS 212 ADAM CIRCLE SHAWNER, KS 66216 CITY-ST-ZIP CITY-ST-ZIP **RUSTON LA** ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental report is tree 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 the receiver or the receiver of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if