

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB -2 PH 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 538225

(4)

1. Corporation Name
B B I, INC.

Principal Place of Business
P.O. BOX 1900
WEST PALM BEACH FL 33402

Mailing Address
P.O. BOX 1900
WEST PALM BEACH FL 33402

800001400688
-02/08/95--01086--020
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7656 BYRON DRIVE
Suite, Apt. #, etc.
22 BAY B-647
City & State
23 RIVIERA BEACH FL
Zip
24 33404
Country
25 PALM BEACH

2a. Mailing Address
26 7656 BYRON DRIVE
Suite, Apt. #, etc.
27 BAY B-647
City & State
28 RIVIERA BEACH FL
Zip
29 33404
Country
30 PALM BEACH

3. Date Incorporated or Qualified 06/28/1977
3a. Date of Last Report 04/26/1994
4. FEI Number 34-0843180
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTCHER, BRADLEY R.
2501 WESTGATE AVENUE STE 1
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name BRADLEY R.
82 Street Address (P.O. Box Number is Not Acceptable)
83 7656 BYRON DRIVE BAY B-647
84 RIVIERA BEACH
City
85 FL Zip Code 33404

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P
NAME BUTCHER, LOUISE K
STREET ADDRESS 10710 AVENUE OF PGA
CITY-STATE-ZIP PALM BEACH GARDENS FL

TITLE V
NAME BUTCHER, BRADLEY R
STREET ADDRESS 1700 VISION TERRACE D
CITY-STATE-ZIP PALM BEACH GARDENS FL

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
- DELETE -
LOUISE K. BUTCHER
- RETIRED -
COMPANY X Change ☐ Addition
SALE TO SON ALL SHARES
11/92 BRADLEY R. BUTCHER

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
BRADLEY R. BUTCHER
387 KELSEY PARK DRIVE
PALM BEACH GARDENS, FL 33410
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
NANCY J. BUTCHER
387 KELSEY PARK DRIVE
PALM BEACH GARDENS, FL 33410
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
CLX
☐ Change ☐ Addition

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(2)(b), 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: Bradley R. Butcher, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE

1-17-95

1-407-881-1660