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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 647973

1. Corporation Name

I.B.B., INC.

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90017 040 \*\*\*150.00



| Principal Place of Business Mailing Address        |   |  |                         |                     |  |                    |                          |
|--|---|--|-------------------------|---------------------|--|--------------------|--------------------------|
| 1102 E. 139TH AVE<br>TAMPA FL 33613 TAMPA FL 33613 |   |  |                         |                     | DO NOT WRITE IN THE  | 00A0E              |                          |
|  |   |  |                         |                     | DO NOT WRITE IN THIS   | SPACE              |                          |
|  |   |  |                         |                     | 3. Date Incorporated or Qualifed                               |                    |                          |
|  |   |  |                         |                     | 12/03/1979   |                    |                          |
|  | lace of Business                            | 2a. Mailing Address                      |                         | Λ                   | 4. FEI Number  | $\vdash$           | Applied For              |
|  | DE139th AUC                                 | . 26 1102 E139                           | <u> </u>                | 70E.                | 59-1948648   |                    | Not Applicable           |
| Suite, Apt.  | #, etc.                                     | Suite, Apt. #, etc.                      |                         |                     | 5. Certificate of Status Desired                               | -                  | 5 Additional<br>Required |
| 22   |   | 27                                       |                         |                     |  |                    |                          |
| City & State                                       |   | City & State                             | 1                       |                     | 6. Election Campaign Financing                                 |                    | 00 May Be<br>ed to Fees  |
| <del>-</del>                                       | MPA FI                                      | 28 102 7                                 | Country                 |                     | Trust Fund Contribution  | _                  | ed to rees               |
| Zip  | Country .                                   | Zip . 29 33613 30                        | Country                 | 11.                 | 8. This corporation owes the current year Inte                 | angible<br>[]] Yes | □No                      |
| 24 33  |   | <u> </u>                                 | $\Box\Box$ 1            | 115.                | Personal Property Tax.  10. Name and Address of New Registered |                    |                          |
|  | 9. Name and Address of C                    | urrent Registered Agent                  | 81                      | Name                | IV. Maille and Address of New Itegistered                      | -tgont             |                          |
| RHP  | KETT, DONALD L.                             |  | 1                       | 1100                |  |                    |                          |
|  | E 139TH AVE                                 |  | 82                      | Street Add          | ress (P.O. Box Number is Not Acceptable)                       |                    |                          |
|  | PA FL 33613                                 |  | 83                      |                     |  |                    |                          |
| 17m  | 1 A 1 L 30013                               |  | 63                      |                     |  |                    |                          |
|  |   |  | 84                      | City                | FL   | 85 Z               | ip Code                  |
|  |   | 27 0500 - 1 007 1500 Florido Ctatutas    | the about               |                     | poration submits this statement for the purpose of             | <br>changing       | its registered           |
| office of r  | egistered against or both in the            | State of Florida, Such change was author | orizea ov               | the corporati       | ion's board of directors. I hereby accept the appoin           | ntment as          | s registered             |
| agent. I a   | m familiar with, and accept the             | bligations of, Section 607,0505, Florida | Statutes                | •                   |  |                    |                          |
| SIGNATURE  | 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1    | 211060                                   | Table 4 A               | t -lt un maule      | red when reinstating) DATE                                     | - 9                | <del>/</del> _ }         |
| 12   | Signature typed or printed name of register | RS AND DIRECTORS                         | 13.                     | it signature requir | ADDITIONS/CHANGES TO OFFICERS AN                               |                    |                          |
| 12.<br>TITLE                                       |   |  | 1.1 TITLE               |                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                        | Chan               |                          |
|  | **  |  | 1.2 NAME                |                     |  |                    |                          |
| NAME   | BURKETT, DONALD L                           |  |                         | T ADDRESS           |  |                    | }                        |
| STREET ADDRESS                                     | 1102 E. 139TH AVE                           |  | 1.4 CITY-S              | 1                   |  |                    |                          |
| CITY-ST-ZIP  |   |  | 2.1 TITLE               | 1-2#                | <u>`</u>   | Chan               | ge 🔲 Addition            |
| TITLE  |   |  | 2.2 NAME                |                     |  | _                  | * <del>-</del>           |
| NAME   | BILLIA, GILLIA G.                           |  | 2.3 STREET ADDRESS      |                     |  |                    | Ş                        |
| STREET ADDRESS                                     | 813 W. MINNEHAHA                            |  |                         |                     |  |                    |                          |
| CITY-ST-ZIP  | TAMPA FL                                    | DELETE                                   | 2.4 CITY-5<br>3.1 TITLE | ST- ZIP             | <del></del>  | Chan               | ge Addition              |
| TITLE  |   |  |                         |                     |  | ٠ بــــ            |                          |
| NAME   | GLNOVESE, DON                               |  | 3.2 NAME                |                     |  |                    | į.                       |
| STREET ADDRESS                                     | 1516 DEEK BAIL                              |  | ì                       | TADDRESS            |  |                    | Î                        |
| CITY-ST-ZIP  |   |  | 3.4. CITY- S            | ST- ZIP             |  | [] Char            | nge                      |
| TITLE  |   | ☐ DELETE                                 | 4.1 TITLE               |                     |  |                    | ige                      |
| NAME   |   |  | 4. 2 NAME               |                     |  |                    | Į                        |
| STREET ADDRESS                                     |   |  | 4.3 STREE               | TADDRESS            |  |                    |                          |
| CITY-ST-ZIP  |   |  | 4.4 CITY-S              | T-ZIP               | <u></u>  | Chot               | Addition                 |
| TITLE  |   | DELETE                                   | 51TITLE                 |                     |  | []] Char           | nge 🗌 Addition           |
| NAME   |   |  | 5.2 NAME                |                     |  |                    | ļ                        |
| STREET ADDRESS                                     |   | 1  |                         | T ADDRESS           |  |                    | Ì                        |
| CITY-ST-ZIP  |   |  | 5.4 CITY-S              | T-ZIP               | <u> </u>   |                    |                          |
| TITLE  |   | ☐ DELETE                                 | 6.1 TITLE               |                     |  | Char               | nge 🗌 Addition           |
| NAME   |   |  | 6.2 NAME                |                     |  |                    |                          |
| STREET ADDRESS                                     |   |  | 6.3 STREE               | T ADDRESS           |  |                    | ,                        |
|  | I .   |  |                         |                     |  |                    |                          |

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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)