


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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90049 014 ***150.00

0508478

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 665329
 1. Corporation Name
W.B.B. UTILITIES, INC.

Principal Place of Business 4116 BAIR AVE. FRUITLAND PARK FL 34731	Mailing Address 4116 BAIR AVE. FRUITLAND PARK FL 34731
--	--



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/26/1980	Applied For Not Applicable
4. FEI Number 59-1992465	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BAIR, RICHARD E.
4116 BAIR AVE.
FRUITLAND PARK FL 34731**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIR, RICHARD E	1.2 NAME	HALL, WILLIAM
STREET ADDRESS	4116 BAIR AVE.	1.3 STREET ADDRESS	3616 CHELSEA STREET
CITY-ST-ZIP	FRUITLAND PARK FL	1.4 CITY-ST-ZIP	ORLANDO, FL
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIR, MOLLY W	2.2 NAME	
STREET ADDRESS	4116 BAIR AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	2.4 CITY-ST-ZIP	
TITLE	DAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIR, R. STANLEY	3.2 NAME	
STREET ADDRESS	04223 BAIR AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND APRK FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIR, VICKI S.	4.2 NAME	
STREET ADDRESS	04223 VAIR AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND APRK FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, NANCY W	5.2 NAME	
STREET ADDRESS	4128 BAIR AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRUTLAND PARK FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, BEVERLY DIANE	6.2 NAME	
STREET ADDRESS	3616 CHELSEA STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

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: Richard E. Bair **RICHARD E. BAIR** 2-8-99 352-787-4347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)