

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P31325

(4)

1. Corporation Name

B & T INVESTMENTS, INC.

Principal Place of Business

% THOMAS G. HORNICK
14645 AERIES WAY DRIVE
FT. MYERS FL 33912

Mailing Address

% THOMAS G. HORNICK
14645 AERIES WAY DRIVE
FT. MYERS FL 33912-1704



3. Date Incorporated or Qualified
10/15/1990

3a. Date of Last Report
02/19/1996

2. Principal Place of Business

21 14440 HICKORY FAIRWAY CT

2a. Mailing Address

26 14440 HICKORY FAIRWAY CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 FORT MYERS, FL

27

City & State

28 FORT MYERS, FL

Zip

Country

24 33912-7828

25

USA

Zip

Country

29 33912-7828

30

USA

4. FEI Number

43-1557844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HORNICK, THOMAS G.
14645 AERIES WAY DRIVE
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

14440 HICKORY FAIRWAY CT.

83

84 City

FORT MYERS

FL

85 Zip Code

33912-7828

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HORNICK, THOMAS G.
STREET ADDRESS 14645 AERIES WAY DR.
CITY-ST-ZIP FT. MYERS FL

TITLE V
NAME JACOBSMEYER, R.W.
STREET ADDRESS 458 DORAL
CITY-ST-ZIP WARSON WOODS MO

TITLE S
NAME HORNICK, BERNICE G.
STREET ADDRESS 14645 AERIES WAY DR.
CITY-ST-ZIP FT. MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 14440 HICKORY FAIRWAY CT.
1.4 CITY-ST-ZIP FT. MYERS, FL 33912-7828

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 14440 HICKORY FAIRWAY CT.
3.4 CITY-ST-ZIP FT. MYERS, FL 33912-7828

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

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

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)