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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000046667 (0) ED BEBB, INC. Principal Place of Business 1046 EAST MAIN STREET LAKELAND FL 33801 US DO NOT WRITE IN THIS SPACE 3, Date Incorporated or Qualified 06/30/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc.		1998 DIVISION OF CORPORATIONS			2NC	Secretary of State		
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LAKELAND FL 33801 US 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2	Principal Plac	e of Business		Mailing Addres	ss			
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SAUNDERS, THOMAS C 395 SOUTH CENTRAL AVENUE BARTOW FL 33830 84 City 85 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 ST Street Address (P.O. Box Number is Not Acceptable) 89 STREET ADDRESS STREE	24]		Personal Property Tax due June 30. 🗹 Yes 🔲 No
SAUNUERS, IHUMAS U 395 SOUTH CENTRAL AVENUE BARTOW FL 33830 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 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, 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, an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, for the familiar in		g. Name and A	Address of Current	Registered Agent		04		10. Name and Address of New Registered Agent
BARTOW FL 33830 83	SAUNDERS, THUMAS C							
Sa							Street Add	dress (P.O. Box Number is Not Acceptable)
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, 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, 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, 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, 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 of directors. I hereby accept the appointment as 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, 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, or both appointment as registered agent, or both appointment as registered agent, agen	DAI	R1UW FL 33830				83		, , , , , , , , , , , , , , , , , , , ,
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SIGNATURE Signature, histed or privated area of legistered agent and titles if applicable. (NOTE Registered Agent signature mauleted when relinatabling) DATE							·	F1. '
SIGNATURE Signature, histed or privated area of legistered agent and titles if applicable. (NOTE Registered Agent signature mauleted when relinatabling) DATE	11. Pursuant	to the provisions of	Sections 607.0502	and 607.1508, Flor	rida Statutes,	the above	-named co	rporation submits this statement for the purpose of changing its registered
12. CFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	agent. I a	m familiar with, and	d accept the obligat	ions of, Section 60	7.0505, Florid	a Statutes	5 .	,
TILE DP DP DELETE 1: TITLE DV DELETE 2: TITLE DV DELETE 2: TITLE DV DELETE 3: TITLE DV DELETE 3: TITLE DV DELETE 3: TITLE DELET	SIGNATURE	Signature, typed or printe	d name of registered agent	and little if applicable.	(NOTE: R	egistered Age	ent signature req	juired when reinstating) DATE
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oes not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an a empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Jan 21 1998 8:00am