

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

**APPROVED  
AND  
FILED**

95 4 Y - 1 AM 3: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000007416 (8)**

1. Corporation Name:

**B & B CONSULTING GROUP, INC.**

Principal Place of Business:

**18223 RIVER OAKS DRIVE  
JUPITER FL 33458**

Mailing Address:

**18223 RIVER OAKS DRIVE  
JUPITER FL 33458**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified  
**01/28/1994**

3a. Date of Last Report  
**1994**

4. FEI Number

**65-0468417**

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 § 199.032,  
Florida Statutes.  Yes  No

2. Principal Place of Business:

21

State: Apt # etc

22

City & State

23

Zip

*SAME*

2b. Mailing Address:

26

State: Apt # etc

27

City & State

28

Zip

*SAME*

24

Country

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYD, BRUCE R  
18223 RIVER OAKS DRIVE  
JUPITER FL 33458**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

*SAME*

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 the laws of the State of Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type name and title)

Signature of Agent (Type name and title)

Date

12. OFFICERS AND DIRECTORS:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	NAME	STREET ADDRESS	CITY, ST, ZIP
DP	BOYD, BRUCE R	18223 RIVER OAKS DR.	JUPITER FL 33458
DST	BOYD, SARA L	18223 RIVER OAKS DR.	JUPITER FL 33458
V	BOYD, FERRELL W	18223 RIVER OAKS DR.	JUPITER FL 33458
<del>X</del>	<del>BOYD, FERRELL W JR.</del>	<del>18223 RIVER OAKS DR.</del>	<del>JUPITER FL 33458</del>

TYPE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this 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 officer or trustee or partner or partner organization to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment thereto with my address.

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres. Sent*

*(407) 575/6774*