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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000001122**

1. Corporation Name
BBB PROCESSING, INC.



Principal Place of Business
**32 E. CERVANTES
 PENSACOLA FL 32501**

Mailing Address
**P.O. BOX 12971
 PENSACOLA FL 32591-2971**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **32 E. Cervantes**

2a. Mailing Address
 26 **P.O. Box 12971**

3. Date Incorporated or Qualified
01/07/1997

4. FEI Number
59-3425005

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 **PENSACOLA, FL**

City & State
 28 **PENSACOLA, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
 24 **32501**

Country
 25 **ESCAMBIA**

Zip
 29 **32591**

Country
 30 **ESCAMBIA**

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**BLOND, ERNEST R
 32 E. CERVANTES
 PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name **Same**
 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 **Ernest R. Blond** **Ernest R. Blond** **5/1/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	BLOND, ERNEST	
STREET ADDRESS	32 E. CERVANTES	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLOND, MARTRECE	
STREET ADDRESS	11391 LAUDER	
CITY-ST-ZIP	DETROIT MI 48227	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEWIS, GREGORY	
STREET ADDRESS	9150 BOWMAN	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, CONSUELO D	
STREET ADDRESS	11391 LAUDER	
CITY-ST-ZIP	DETROIT MI 48227	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACKIE M. BLOND	
1.3 STREET ADDRESS	32 E. CERVANTES ST.	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ernest Blond	
2.3 STREET ADDRESS	32 E. CERVANTES	
2.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **Ernest R. Blond** **Ernest R. Blond** **5/1/99** (850) 470-0296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date /Daytime Phone #

CRZE034 (11/98)