

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V38753 (2)**

1. Corporation Name
BBRE/ESHENBAUGH COMMERCIAL SERVICES, INC.



Principal Place of Business: **1208 S. MYRTLE AVE. CLEARWATER FL 34616**
Mailing Address: **1230 S MYRTLE AVENUE 405 CLEARWATER FL 34616 US**

3. Date Incorporated or Quiaered: **05/22/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3126379**
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

2. Principal Place of Business:
21. **2575 Ulmerton Road**
Suite, Apt. #, etc: **Suite 210**
City & State: **Clearwater, FL**
Zip: **34622** Country: **USA**
2a. Mailing Address:
26. **2575 Ulmerton Road**
Suite, Apt. #, etc: **Suite 210**
City & State: **Clearwater, FL**
Zip: **34622** Country: **USA**

9. Name and Address of Current Registered Agent

**WARD, R. CARLTON
1253 PARK ST.
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESHENBAUGH, WILLIAM A	
STREET ADDRESS	14810 RUE DE BAYONNE 6-G	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	BYRD, ROBERT W	
STREET ADDRESS	1 HARBORSIDE	
CITY-STATE-ZIP	BELLEAIR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (PL 1)

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	2945 La Concha Drive
14. CITY-STATE-ZIP	Clearwater, FL 34622
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	1 Seaside Lane #104
24. CITY-STATE-ZIP	Belleair, FL 34616
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 Book 12 or Book 13 if changed, or on an affidavit filed with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)