FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:27

DOCUMENT # V68101 (7)

1. Corporation Name
B & B BUILDING SERVICES, INC.

Principal Place of Business	Mailing Address
309 ANGLE ROAD FT. PIERCE FL 34947	P. O. BOX 1630 FT. PIERCE FL 34954 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1992
3a. Date of Last Report: 06/09/1994

2. Principal Place of Business
21: 4850 ORANGE AVENUE
22: Suite, Apt. #, etc.
23: City & State: Fort Pierce, Fl
24: Zip: 34947
25: County: St. Lucie

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: County

4. FEI Number: 65-0366382 ☐ 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

MCFREDERICK, PAMELA C.
2626 ERICKSON DRIVE
PORT ST. LUCIE FL 34984

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4101 SW. Saybrook St.
83: Port St. Lucie
84 City: FL 85 Zip Code: 34953

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 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	PST	1 1 TITLE	PST	☒ Change ☐ Addition
NAME	MCFREDERICK, PAMELA C.	1 2 NAME	McFrederick, Pamela C.	
STREET ADDRESS	2626 ERICKSON DR.	1 3 STREET ADDRESS	4101 S.W. Saybrook St.	
CITY - ST - ZIP	PT. ST. LUCIE FL	1 4 CITY - ST - ZIP	Port St. Lucie, Fl. 34953	
TITLE	D	2 1 TITLE	D	☒ Change ☐ Addition
NAME	MCFREDERICK, PAMELA C.	2 2 NAME	McFrederick, Pamela C.	
STREET ADDRESS	2626 ERICKSON DR.	2 3 STREET ADDRESS	4101 S.W. Saybrook St.	
CITY - ST - ZIP	PT. ST. LUCIE FL	2 4 CITY - ST - ZIP	Port St. Lucie, Fl. 34953	
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY - ST - ZIP		3 4 CITY - ST - ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY - ST - ZIP		4 4 CITY - ST - ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY - ST - ZIP		5 4 CITY - ST - ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY - ST - ZIP		6 4 CITY - ST - 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)(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] 6/2/95 407-466-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0483902 FP