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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V68101** **(7)**

1. Corporation Name

B & B BUILDING SERVICES, INC.

Principal Place of Business	Mailing Address
4850 ORANGE AVE FORT PIERCE FL 34947 US	P. O. BOX 1630 FT. PIERCE FL 34954 US

3. Date Incorporated or Qualified: 10/01/1992	3a. Date of Last Report: 06/20/1995
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	

2. Principal Place of Business	2a. Mailing Address
21	26 P O Box 368
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ft. Pierce, Fl
Zip 24 / Country 25	Zip 29 34954 / Country 30 St. Lucie

9. Name and Address of Current Registered Agent

MCFREDERICK, PAMELA C.
4101 SW SAYBROOK ST
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name: Tom McFrederick
82 Street Address (P.O. Box Number is Not Acceptable)
83: 9800 S. Ocean Dr., #112
84 City: Jensen Beach FL 85 Zip Code: 34957

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: Tom McFrederick, Pres. DATE: 03/28/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST MCFREDERICK, PAMELA C. 4101 SW SAYBROOK ST PT. ST. LUCIE FL	☐ DELETE ☒	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP: PST Tom McFrederick 9800 S. Ocean Dr., #112 Jensen Beach, Fl. 34957 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCFREDERICK, PAMELA C. 4101 SW SAYBROOK ST PT. ST. LUCIE FL	☐ DELETE ☒	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP: D Tom McFrederick 9800 S. Ocean Dr., #112 Jensen Beach, Fl. 34957 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP: ☐ Change ☐ Addition

CR2E034 (12/95)

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 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: Tom McFrederick 03/28/96 407/466-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres. Date Daytime Phone #