

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:26

DOCUMENT # 295295

(0)

1. Corporation Name

B & S INC

Principal Place of Business

Mailing Address

204 S. MAY AVE.
BOX 577
BROOKSVILLE FL 34601-2144

204 S. MAY AVE.
BOX 577
BROOKSVILLE FL 34601-2144

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/28/1965

3a. Date of Last Report

01/19/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1276145

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Country

29

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STENHOLM, JAMES T
204 S. MAY AVE.
BROOKSVILLE FL 33512

81 Name

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	STENHOLM, JOYCE R.
STREET ADDRESS	YONTZ ROAD
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	V
NAME	STENHOLM, RICHARD A.
STREET ADDRESS	204 S. TRASK
CITY-ST-ZIP	TAMPA FL
TITLE	S
NAME	STENHOLM, JAMES T.
STREET ADDRESS	YONTZ RD.
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	D
NAME	STENHOLM, JAMES T
STREET ADDRESS	YONTZ RD.
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 exemptions stated in Section 119.07(2)(g), 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:

S. I. Stenholm, Sec.

S. I. Stenholm, Sec.

1-13-95

7464388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number