

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 295295

(0)

1. Corporation Name

B & S INC

Principal Place of Business:

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

Mailing Address

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

24

25

Country

29

Zip

30

Country

b. Name and Address of Current Registered Agent

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

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 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 title if applicable.

NOTE: Registered Agent Signature Required When Applicable

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME Change Addition

1.3 STREET ADDRESS Change Addition

1.4 CITY-ST-ZIP Change Addition

2.1 TITLE Change Addition

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY-ST-ZIP Change Addition

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 110.07(C)(8), 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 recorder 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: *J. I. Stenholm, Sec.* *J. I. Stenholm, Sec.*

DIGITALLY TYPED OR PRINTED NAME OF SIGNING OFFICER OR ATTORNEY

1-13-95 7764388

Date

Digitized Date