

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **339868** (2)
1. Corporation Name
BILBREY ENTERPRISES INC



Principal Place of Business: **716-C OLD BERKLEY ROAD AUBURNDALE FL 33823**
Mailing Address: **716-C OLD BERKLEY ROAD AUBURNDALE FL 33823**

3. Date Incorporated or Qualified: **01/08/1969**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEET Number: **59-1233630**
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: **BILBREY, OWEN L. JR 716-C OLD BERKLEY RD. OLD BERKLEY RD. AUBURNDALE FL 33823**
10. Name and Address of New Registered Agent (81-85) fields.

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 of Board or principal officer or director of the corporation) (Date: _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	1. TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BILBREY, RODGER H.		2. NAME: BILBREY, RODGER H.	
STREET ADDRESS: 716-C OLD BERKLEY RD.		3. STREET ADDRESS: 716-C OLD BERKLEY ROAD	
CITY-ST-ZIP: AUBURNDALE, FL 0		4. CITY-ST-ZIP: AUBURNDALE, FL 33823	
TITLE: STD	<input checked="" type="checkbox"/> DELETE	2. TITLE: VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BILBREY, PHYLLIS H.		2. NAME: BILBREY, CAROL J.	
STREET ADDRESS: 716-C OLD BERKLEY RD.		2.3 STREET ADDRESS: 716-C OLD BERKLEY ROAD	
CITY-ST-ZIP: AUBURNDALE, FL 0		2.4 CITY-ST-ZIP: AUBURNDALE, FL 33823	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	3. TITLE: TDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BILBREY, OWEN L. JR		3.2 NAME: BILBREY, OWEN L. JR.	
STREET ADDRESS: 716-C OLD BERKLEY RD.		3.3 STREET ADDRESS: 716-C OLD BERKLEY ROAD	
CITY-ST-ZIP: AUBURNDALE, FL 0		3.4 CITY-ST-ZIP: AUBURNDALE, FL 33823	
TITLE: _____	<input type="checkbox"/> DELETE	4. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 or were 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: *Rodger H. Bilbrey* **RODGER H. BILBREY** 04-22-96 941/984-2108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)