## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 339868

(2)

**BILBREY ENTERPRISES INC** 

Principal Place of Business

Mailing Address

## **FILED** May 04 1998 8:00am Secretary of State



AUBURNDALE FL 33823		AUBURNDALE FL 33823			
				DO NOT WRITE IN THIS	SPACE
	•			3. Date incorporated or Qualified	
A Desarration	land of Duning	Ta Nation Addition		01/08/1969	
	lace of Business  BILBREY NURSERY	2a. Mailing Address	6./ chian-a./	4. FEI Number	Applied For
		26 6498 BUBR	en norgern r	59-1233630	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
	RNDALE PL		ALE CI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip Zip	Country		Added to Fees
24 <b>338</b> 2		29 33823	30	This corporation owes or has paid the cur     Personal Property Tax due June 30.	rent year Intangible  Yes No
2- 0000	Name and Address of Current	1	30	10. Name and Address of New Registered	<u> </u>
Rodgee H BILBY 94					
	B-C OLD BERKLEY RD.	Address (P.O. Box Number is Not Acceptable)	0.70		
OLD BERKLEY RD.  AUBURADA E FL 2002					
AU	Burndale FL 33823				·
			84 City	Tul- 10.4dala El	85 Zin Code
11 Pursuant	to the provisions of Sections 607 0502.	and 607 1508 Florida Stali	ites the above-named	corporation submits this statement for the purpose of	changing its registered
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 obligation of the purpose of changing its registered agent. I am familiar with, and accept the obligation of the purpose of changing its registered agent. I am familiar with, and accept the obligation of the purpose of changing its registered of the purpose of chan					
agent. I am tampfar yith, and accept the obligation of 07.0505, Florida Statutes					
SIGNATURE	Sonature typod or relined name of registered agents	retula it probable	16: Registered Agent signature	70 O7/M	0/1948
12.	OFFICERS AND		13.	_ ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD.	Change   Addition
NAME	BILBREY, RODGER H		1.2 NAME	Rodger H. Bilbrey	
STREET ADDRESS	716 C OLD BERKLEY RD			6498 Bilbrey Nursery Loop	
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY+ST-ZIP	Auburndale F1 33823	
TITLE	VRSD	DELETE	2.1 TITLE		Change Addition
NAME	BILBREY, CAROL J			VPSD CAROL J. Bilbrey	And ordering - Andreed
STREET ADDRESS	716 C OLD BERKLEY RD		23 STREET ADDRESS	LHAC QUI ON ALIASAAN LOOP	
CITY-ST-ZIP	AUBURNDALE FL		2 4 0174 01 710	6498 Bilbrey Nursery Coop	
TITLE	TDC	DELETE		AUBURADALE' FI 39823 TOC	Change
NAME	BILBREY, L OWEN J		3.2 NAME	Mulen L. Rilbrau Tr.	Z onango Z roomon
STREET ADDRESS	716 C OLD BERKLEY RDF		3.3 STREET ADDRESS	(400 0 H care Alice COCA L. DO)	)
CITY-ST-ZIP	AUBURNDALE FL		3.3 STREET ADDRESS	owen L. Bilbrey Jr. 6498 Bilbrey Nuegery Loop Auburname Fl 37823	
TITLE	ADDONINDALE I'L	DELETÉ	3.4. CITY - ST - ZIP 4.1 TITLE	ANDVKNAME FI 23022	Change Addition
NAME			4. 2 NAME		Li cuange Li Roculton
STREET ADDRESS			4.3 STREET ADDRESS		
		•	E i		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition
NAME		Decere			Cuange C Manifoli
}			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Character Addition
TITLE		בים מנוכונ	6.1 TITLE		☐ Change ☐ Addition
NAME OTOGET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	artify that the information avaids a with	this filing does not pusite.	6.4 City-St-ZiP	d in Section 110 07/0/() Florida Ciatadas 15 d	atti a ala anni ala a la Tananana
14. I hereby certify that the information supplied with this filing 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in					