

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 441858

1. Corporation Name

B/D SALES, INCORPORATED

Principal Place of Business

765 MARGARET STREET
JACKSONVILLE FL 32204

Mailing Address

PO BOX 27056
JAX FL 32205-056
US

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90023 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1973

4. FEI Number

59-1498692

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

BRYANT (F. OSBORN), JR.
3047 COLLEGE STREET
STE 124
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BRYANT, F. OSBORN
STREET ADDRESS 3047 COLLEGE STREET
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D
NAME BRYANT, FRANK O., III
STREET ADDRESS P.O. BOX 71 N/A
CITY-ST-ZIP FRANKLIN SPRINGS GA

☐ DELETE

TITLE D
NAME BRYANT, JOHN N
STREET ADDRESS 12577 ATTRILL
CITY-ST-ZIP JACKSONVILLE, FL 00000

☐ DELETE

TITLE D
NAME BRYANT, THOMAS D.
STREET ADDRESS 975 PERKINS PLACE
CITY-ST-ZIP JACKSONVILLE, FL 00000

☐ DELETE

TITLE D
NAME BRYANT, SCOTT P.
STREET ADDRESS 4358 TIMUQUANA RD.
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 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, with all other life empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 **904**
384-6733

CR2E034 (1/98)