FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 2:08

DOCUMENT # 467693 (8)

1. Corporation Name
B & B OFFICE EQUIPMENT, INC.

Principal Place of Business	Mailing Address
604 E NEW HAVEN AVE MELBOURNE FL 32901	P.O. BOX 2106 MELBOURNE FL 32902-2106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1975
3a. Date of Last Report: 08/23/1994

2. Principal Place of Business (21): 217 E. New Haven Ave
Suite, Apt. #, etc. (22):
City & State (23): Melbourne, FL
Zip (24): 32901 County (25): Brevard

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): County (30):

4. FEI Number: 59-1575092 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VIESINS, WALTER
2010 CYPRESS LAKE DR.
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name: Viesins, Walter
82 Street Address (P.O. Box Number is Not Acceptable): 902 S. Fork Circle
83:
84 City: Palm Bay FL 85 Zip Code: 32905

11. Pursuant to the provisions of Section 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: Walter Viesins — Walter Viesins, President — 6-14-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	VIESINS, WALTER	12 NAME	Viesins, Walter	
STREET ADDRESS	2010 CYPRESS LAKE DR.	13 STREET ADDRESS	902 S. Fork Circle	
CITY-ST-ZIP	PALM BAY FL	14 CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	VIESINS, ROBERT	22 NAME		
STREET ADDRESS	970 JUPITER RD NW	23 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Walter Viesins — Walter Viesins — 6-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0419720 FP