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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:41

DOCUMENT # **489572** **(8)**

1. Corporation Name
B & B SELF SERVICE, INC.

Principal Place of Business	Mailing Address
1699 ARABIA LANE PALM HARBOR FL 34685 US	1699 ARABIAN LANE PALM HARBOR FL 34685 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/17/1975**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business
21 15002 N. FLORIDA AVE
22 Suite, Apt. #, etc.
23 City & State: TAMPA, FL
24 Zip: 33613 25 Country: HILLS

2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-1630313** ☐ 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

WOLFE, BONNER, & HOGAN
613 S. MYRTLE AVE.
CLEARWATER FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE		☐ Change ☐ Addition
NAME	BURD, FLOYD R	1.2 NAME		
STREET ADDRESS	1699 ARABIAN LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	BURD, MARVEL J	2.2 NAME		
STREET ADDRESS	1699 ARABIAN LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	BUSSARD, CATHERINE	3.2 NAME		
STREET ADDRESS	20705 CRYSTAL HILL CIR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	GERMANTOWN MD	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: FLOYD R. BURD 4/7/95 (813) 961-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

05/V2V00 CP

MEMORANDUM

TO: State of Florida

FROM: Bk B Lot Steve Lee
#48915-018

DATE: 4/7/95

SUBJECT: Address Change

MESSAGE

Change of address

Dear Sirs. Please change mailing address
to 6015 Country Ridge Lane
New Port Richey, FL 34655
after May 1, 1995

Thank You

PLEASE REPLY BY _____ NO REPLY NECESSARY _____

Adams 9042

Memorandum