

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

PROFIT CORPORATION ANNUAL REPORT



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

1996-11-96

B-3390

C

DOCUMENT # 518629 (1)

1. Corporation Name  
**B & D OF PALM HARBOR, INC.**



Principal Place of Business

13230 SE 47TH COURT  
BELLEVUE FL 32620

Mailing Address

13230 SE 47TH COURT  
BELLEVUE FL 32620

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

**BROIDA, JOEL D. ESQ.  
605 75TH AVENUE  
ST. PETE BEACH FL 33708**

3. Date Incorporated or Qualified  
**11/16/1976**

3a. Date of Last Report  
**04/26/1995**

4. FEI Number  
**59-1706547**

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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) NAME (Registered Agent's name as required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, LONNIE B.	1.2 NAME	
STREET ADDRESS	13230 SE 47TH COURT	1.3 STREET ADDRESS	
CITY-STATE-ZIP	BELLEVUE FL	1.4 CITY-STATE-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JEANNE C.	2.2 NAME	
STREET ADDRESS	13230 SE 47TH COURT	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BELLEVUE FL	2.4 CITY-STATE-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, RICHARD G.	3.2 NAME	
STREET ADDRESS	139098 OLD STAGE ROAD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MITCHELLVILLE MD	3.4 CITY-STATE-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, DORIS I.	4.2 NAME	
STREET ADDRESS	13909 OLD STAGE ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MITCHELLVILLE MD	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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: Lonnie B. Bell PD LONNIE B. BELL P.D. 4-8-96 622-9203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)