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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 524615

(2)

1. Corporation Name
B-C CORRAL, INC.



Principal Place of Business

Mailing Address

4509 HWY 82 EAST
LAKELAND FL 33801

4509 HWY 82 EAST
LAKELAND FL 33801-9581

3. Date Incorporated or Qualified
01/27/1977

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1694714

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

10. Name and Address of New Registered Agent

HUDDLESTON, SAMUEL D.
1121 HARTSELL AV
1121 HARTSELL AVENUE
LAKELAND, 33803

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HUDDLESTON, SAMUEL D.
STREET ADDRESS 1121 HARTSELL AV
CITY-ST-ZIP LAKELAND, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33803

TITLE VD
NAME BROWN, MARY ANNE
STREET ADDRESS 7930 OLD POLK CITY RD
CITY-ST-ZIP LAKELAND, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS P.O. Box 126 NA
2.4 CITY-ST-ZIP Buffalo Valley, TN 38548

TITLE TD
NAME BROWN, REGINALD E., JR.
STREET ADDRESS 1809 ELIZABETH AVENUE
CITY-ST-ZIP RUSTON, LA 71270

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 212 Adam Circle
3.4 CITY-ST-ZIP RUSTON, LA 71270-1613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/3/97 Daytime Phone 941-6660-2200

CR2E034 (9/96)