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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jun 16, 1999 8:00 am  
Secretary of State

06-16-1999 90021 079 \*\*\*\*13.75  
06-16-1999 90021 080 \*\*\*550.00

DOCUMENT # 684634

1. Corporation Name  
B & B ELECTRIC, INC.

Principal Place of Business  
1017 HICKORY LANE  
HAVANA FL 32333

Mailing Address  
1017 HICKORY LANE  
HAVANA FL 32333

\*CHANGE 1017 to 220 (911 Emergency changed #)

2. Principal Place of Business  
21 220 HICKORY LANE

2a. Mailing Address  
26 220 HICKORY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

\* HILL, ROBERT E. SR.  
1017 HICKORY LANE  
HAVANA FL 32333

\*CHANGE 1017 TO 220

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 PDST  
NAME HILL, BARBARA JEAN  
STREET ADDRESS 1017 HICKORY LANE  
CITY-ST-ZIP HAVANA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 220 HICKORY LANE  
1.4 CITY-ST-ZIP HAVANA FL 32333

TITLE VICE PRES.  
NAME ROBERT E. HILL SR.  
STREET ADDRESS 220 HICKORY LANE  
CITY-ST-ZIP HAVANA FL 32333

2.1 TITLE VICE PRESIDENT  
2.2 NAME ROBERT E. HILL SR.  
2.3 STREET ADDRESS 220 HICKORY LANE  
2.4 CITY-ST-ZIP HAVANA FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BARBARA J. Hill - 5/17/99-539-7084 (850)

0055376

CR2E034 (11/98)