

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 FEB 13 PM 1:36

DOCUMENT # 767191 (0)

1. Corporation Name

BUSY BEES OF BELLEAIR BLUFFS, INC.

Principal Place of Business

Mailing Address

2693 BAYWAY AVE
BELLEAIR BLUFFS FL 34640

2693 BAYWAY AVE
BELLEAIR BLUFFS FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/28/1983
3a. Date of Last Report 05/01/1994

4. FEI Number 59-1885257
Applied For Not Applicable

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

24

25

29

30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

MCCOY, RUTHANNE
2529 RENATTA DRIVE
BELLAIR BLUFFS FL 34640

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 MCCOY, RUTHANNE
STREET ADDRESS 2529 RENATTA DRIVE
CITY - ST - ZIP BELLEAIR BLUFFS FL

1.1 TITLE Change Addition

TITLE VD
NAME DUPLESSIS, LORRAINE
STREET ADDRESS 2889 LOS ALTOS DRIVE
CITY - ST - ZIP BELLAIR BLUFFS FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

TITLE SD
NAME NUTTY, BETTY
STREET ADDRESS 3032 SUNSET BLVD
CITY - ST - ZIP BELLEAIR BLUFFS FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

TITLE T
NAME MCCOY, JEANE
STREET ADDRESS 2845 RENATTA DRIVE
CITY - ST - ZIP BELLEAIR BLUFFS FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

TITLE D
NAME ARN, MARY JANE
STREET ADDRESS 702 DOLPHIN DRIVE
CITY - ST - ZIP BELLEAIR BLUFFS FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing to voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeane McCoy* (JEANE MCCOY)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-95

DATE

Signature