

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 767191 (0)**  
1. Corporation Name

**BUSY BEES OF BELLEAIR BLUFFS, INC.**



Principal Place of Business: **2693 BAYWAY AVE BELLEAIR BLUFFS FL 34640**  
Mailing Address: **2693 BAYWAY AVE BELLEAIR BLUFFS FL 34640**

3. Date Incorporated or Qualified: **02/28/1983**  
3a. Date of Last Report: **02/13/1995**

21	2. Principal Place of Business <b>VIA 2005 33770</b>	26	2a. Mailing Address <b>JEANE MCCOY 2529 RENATTA DR. BELLEAIR BLUFFS FL 33770</b>	4.	FEI Number <b>59-1885257</b>	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
23	City & State	28	City & State <b>BELLEAIR BLUFFS, FL</b>	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees
24	Zip <b>33770</b>	25	Country	29	Zip <b>33770</b>	30	Country <b>FLORIDA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCCOY, RUTHANNE 2529 RENATTA DRIVE BELLEAIR BLUFFS FL 34640</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>MCCOY, RUTHANNE</b>	1.2 NAME	<b>MARY T. SASSON</b>
STREET ADDRESS	<b>2529 RENATTA DRIVE</b>	1.3 STREET ADDRESS	<b>2525 W. BAY DR. C-34</b>
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	1.4 CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL 33770</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>VD</b>
NAME	<b>DUPLESSIS, LORRAINE</b>	2.2 NAME	<b>ISLEAUR DE VOS</b>
STREET ADDRESS	<b>2889 LOS ALTOS DRIVE</b>	2.3 STREET ADDRESS	<b>2620 RENATTA DR.</b>
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	2.4 CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL 33770</b>
TITLE	<b>SD</b>	3.1 TITLE	<b>D</b>
NAME	<b>NUTTY, BETTY</b>	3.2 NAME	
STREET ADDRESS	<b>3032 SUNSET BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<b>TD</b>
NAME	<b>MCCOY, JEANE</b>	4.2 NAME	
STREET ADDRESS	<b>2645 RENATTA DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<b>D. Sec.</b>
NAME	<b>ARN, MARY JANE</b>	5.2 NAME	
STREET ADDRESS	<b>702 DOLPHIN DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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 617, 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: **MARY T. SASSON** Date: **4/7/96** 813-581-3649 Daytime Phone #

CR2E037 (3/96)