1-28-98 B-0935 NC

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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

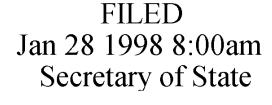
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

F03464 (7

(7)

H & B HOLDING COMPANY



Principal Place of Business Mailing Address				ess			f somitme riet datum tiere mines brite dems bille gratt albit gibit biste Riete 1806			
N	370 AURORA RD MELBOURNE FL 32934-81: IS	40	3370 AURORA RD. MELBOURNE FL 32934-8140 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/23/1980			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For		
21			26			_	59-2035654	Not Applicable		
22	Suite, Apt, #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip	Country 25	Zip 29	30 Co	untry		This corporation owes or has paid the corporation.	urrent year Intangible		
	g, Name	and Address of Current	egistered Agent				10. Name and Address of New Registered Agent			
PEACOCK, ROBERT W., JR 800 N HIGHLAND AVENUE					81	Name	co /DO Day Number in Net Accordable			
	ORLANDO FL			3. Date Incorporated or Qualified 10/23/1980 4. FEI Number 59-2035654 Not Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No stered Agent 10. Name and Address of New Registered Agent						
	J., 2 11 po 1 2				83					
						City	F	<u> </u>		

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

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 applicate	NOTE D	and the said the said	required when reinstating)	DATE						
12.	OFFICERS AND DIRECTORS	se. (NOIE. IS	13.	ADDITIONS/CHANGES TO OFFICER		S IN 12					
TITLE	PDT	DELETE	1.1 TITLE	ADDITIONO/GITANGEG TO GITTOET	☐ Change	Addition					
NAME	VICKERS, J.G. J		1.2 NAME								
STREET ADDRESS	3370 AURORA RD.		1.3 STREET ADDRESS								
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP								
TITLE	DVP	DELETE	2.1 TITLE		Change	Addition					
NAME	VICKERS, HELEN E		2.2 NAME								
STREET ADDRESS	3370 AURORA RD.		2.3 STREET ADDRESS	_							
CITY-ST-ZIP	MELBOURNE FL		2, 4 CITY - ST - ZIP	` -	i						
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change	Addition					
NAME	VICKERS, HELEN E		3.2 NAME								
STREET ADDRESS	3370 AURORA RD.		3,3 STREET ADDRESS								
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY - ST - ZIP								
TITLE		☐ DELETE	4,1 TITLE		☐ Change	Addition					
NAME			4. 2 NAME								
STREET ADDRESS			4,3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		DELETE	5,1 TITLE		Change	Addition					
NAME	•		5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY - ST - ZIP								
TITLE		DELETE	6.1 TITLE		Change	Addition					
NAME			6.2 NAME								
STREET ADDRESS	1		6.3 STREET ADDRESS								
000 07 700	1		CARITY OT TID								

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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter or on a state-function of the receiver or trustee employees.

SIGNATURE:

CHEKENS HOURED

JAN 19, 1998 407-254-8146

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