

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F19099** (3)
1. Corporation Name
FLORIDA B. & B. ENTERPRISES, INC.

Principal Place of Business
**1416 24TH STREET
P.O. BOX 568925
ORLANDO FL 32856-5925**

Mailing Address
**1416 24TH STREET
P.O. BOX 568925 ONLY
ORLANDO FL 32856-5925**

FILED
Jul 21 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **1416-24th Street-Rear**
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24 **Orange**

2a. Mailing Address
26 **None**
Suite, Apt. #, etc.
27 **P.O. Box 568925**
City & State
28 **ORLANDO, FLORIDA**
Zip Country
29 **32856** 30 **Orange**

3. Date Incorporated or Qualified
02/11/1981
4. FEI Number **59-2068359**
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TALLEY, JAMES M.
20 N. ORANGE AVE. #1500
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
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

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BAIRD, EDWARD	
STREET ADDRESS	3310 RAEFORD ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BAIRD, ALMA	
STREET ADDRESS	3310 RAEFORD ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TALLEY, JAMES M.	
STREET ADDRESS	20 N. ORANGE AVE. #1500	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Alma R. Baird ALMA R. BAIRD - VSD 07-08-98 407-465-0081

CR2E034 (5/98)