

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
OFFICE OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # F33232

(2)

MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B & F LAND COMPANY, INC.

Principal Office Location

13213 US 19
HUDSON FL 34667

Main Office Location

13213 US 19
HUDSON FL 34667

Date of Filing of this Report

3. Date of Incorporation or Reincorporation: 05/04/1981
3a. Date of Last Report: 05/01/1994

2. Principal Office Location: 21 7127 ABIGAIL DR.
2a. Mailing Address: 26 7127 ABIGAIL DR.

22 City and State: 23 Port Richey, FL
27 City and State: 28 Port Richey, FL

24 34668 25 29 30

4. FEI Number: 59-2141160
Applied For: Not Applicable

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

6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199(3)(2), Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLYARD, MICHAEL
13213 US 19
HUDSON FL 34667

81 Name: NORMAN BOLYARD
82 Street Address (P.O. Box Number is Not Acceptable): 7127 ABIGAIL DR.
83
84 City: Port Richey FL 85 Zip Code: 34668

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 from the present agent to the new one listed above. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Norman B. Bolyard

4-27-95

12. OFFICERS AND DIRECTORS

1. NAME: BOLYARD, MICHAEL
2. ADDRESS: 13213 U.S. HWY. 19
3. CITY: HUDSON, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: PRES. BENT
2. NAME: NORMAN BOLYARD
3. STREET ADDRESS: 7127 ABIGAIL DR.
4. CITY: PORT RICHEY, FL 34668
5. NAME: [Blank]
6. NAME: [Blank]
7. NAME: [Blank]
8. NAME: [Blank]
9. NAME: [Blank]
10. NAME: [Blank]
11. NAME: [Blank]
12. NAME: [Blank]
13. NAME: [Blank]
14. NAME: [Blank]
15. NAME: [Blank]
16. NAME: [Blank]
17. NAME: [Blank]
18. NAME: [Blank]
19. NAME: [Blank]
20. NAME: [Blank]

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is not required for this corporation stated in Sections 607.0502 and 607.1508, Florida Statutes. I further certify that this information is not used for the purpose of supplementing annual reports, and is not used for any other purpose. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:

Norman Bolyard

4-27-95

813-8688780