

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JANUARY 8, 1988.  
AMOUNT DUE ON OR BEFORE DATE: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
B. Morris  
Secretary  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:41

DOCUMENT # F68277 (5)

1. Corporation Name

B & B SALES AND SERVICE OF FORT MYERS, INC.

Principal Place of Business

% VERLES E BASTIN  
8181 BAYSHORE ROAD  
NORTH FORT MYERS FL 33917

Mailing Address

% VERLES E BASTIN  
8181 BAYSHORE ROAD  
NORTH FORT MYERS FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1982

3a. Date of Last Report

02/21/1994

4. FEI Number

59-2200578

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 has liability for intangible tax under s. 193.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

PATRICIA S. LOWE  
8181 BAYSHORE ROAD  
N. FT. MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name

EDWARD BASTIN

82 Street Address (P.O. Box Number is Not Acceptable)

8181 BAYSHORE RD

84 City

N. FT. MYERS FL

85 Zip Code

33917

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

Verles E. Bastin

(Type name, typed or printed name of registered agent and use if applicable)

DATE

6-24-95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD  
BASTIN, VERLES E  
7152 REYMOOR DRIVE  
N FT MYERS FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY ST ZIP

TITLE

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STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet in an addition.

SIGNATURE:

Verles E. Bastin

(Type name, typed or printed name of signing officer or director)

6-5-95

83-543-3492

CR2034 (3/95)