

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000006155 (4)**

1. Corporation Name

BEE BUSTERS, INC.



Principal Place of Business

**3510 CLARK DR
SARASOTA FL 34234**

Mailing Address

**3510 CLARK DR
SARASOTA FL 34234**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.		26	State, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24		25	29		30

9. Name and Address of Current Registered Agent

**ADAMS, JOHN
3510 CLARK DR
SARASOTA FL 34234**

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

4. FLE Number

54-1480123

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. 199.032,
Florida Statutes. ☐ Yes ☐ No

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 607.0092 and 607.1508, Florida Statutes, the above named corporation submits the state report 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, Sections 607.0092, Florida Statutes.

SIGNATURE

Signature of Corporation Officer or Director (Print Name)

Signature of Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	ADAMS, JOHN	
STREET ADDRESS	3510 CLARK DR	
CITY-STATE-ZIP	SARASOTA FL 34234	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied within this report is true and correct and does not qualify for the exemption stated in Section 19.07(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 registered 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. I changed or do an attached statement to this.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Adams

**3/11/96 (804) VIRGINIA
285-2337**

CR2E034 (12/95)