

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G40298

(3)

1. Corporation Name

B.T.D. OF FLORIDA, INC.

Principal Place of Business

502 E. BRIDGERS AVE.
P.O. BOX DRAWER 67
AUBURNDALE FL 33823

Mailing Address

502 E. BRIDGERS AVE.
P.O. BOX DRAWER 67
AUBURNDALE FL 33823-0067

3. Date Incorporated or Qualified

05/20/1983

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2290086

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

9. Name and Address of Current Registered Agent

DANTZLER, RICHARD
277 MAGNOLIA AVENUE
WINTER HAVEN FL 33880

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 ☐ DELETE

NAME
DANTZLER, RICHARD
STREET ADDRESS
277 MAGNOLIA AVE.
CITY - ST - ZIP
WINTER HAVEN FL

TITLE ☐ DELETE

NAME
PD
BOSTICK, R MARK
STREET ADDRESS
502 E. BRIDGERS AVENUE
CITY - ST - ZIP
AUBURNDALE, FL 00000

TITLE ☐ DELETE

NAME
VD
TUCKER, L D
STREET ADDRESS
3535 US HWY 19 N
CITY - ST - ZIP
WINTER HAVEN, FL 00000

TITLE ☐ DELETE

NAME
ST
JACOBS, MILTON E
STREET ADDRESS
502 E. BRIDGERS AVENUE
CITY - ST - ZIP
AUBURNDALE, FL 00000

TITLE ☐ DELETE

NAME
D
TUCKER, J R
STREET ADDRESS
3535 US HIGHWAY 19 N
CITY - ST - ZIP
WINTER HAVEN, FL 00000

TITLE ☐ DELETE

NAME
D
BOSTICK, WILLIAM G JR
STREET ADDRESS
502 E BRIDGERS AVE
CITY - ST - ZIP
AUBURNDALE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)