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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90056 048 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G40298

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1983

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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 **D**
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 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, with all other like empowered.

SIGNATURE: *Milton E Jacobs*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

941-967-1101

Date

Daytime Phone #

CR2E034 (1/1/98)