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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

H38800 DOCUMENT #

1. Corporation Name

(9)

B & L PROPERTY SERVICES, INC.

Dali	PROPERTY SERVICES, INC							
Principal Place of Business Mailing Address								
7544 COLERI		P.O. BOX 6277						
PANAMA CIT	Y FL 32404	PANAMA CITY FL 324 US	104					
US		03			3. Date Incorporated or Qua		te of Last R 04/27/19	
					01/01/1985 4. FEI Number		,,	Applied For
2. Principal Pla	ace of Business	2a. Mailing Address			59-2512103			Not Applicable
21		Suite, Apt. #, etc.					<del></del>	5 Additional
Suite, Apt. #	#, etc.	27 Suite, Apr. #, etc.			5. Certificate of Status Desir	ed []	•	Required
City & State		City & State		·	6. Election Campaign Finance	oing _	\$5.0	O May Be
23	•	28			Trust Fund Contribution	<u> </u>	Adde	d to Fees
Zip	Country	Zip	Cou	intry	8. This corporation has liabil		tax under s	199.032
24	25	29	30			Yes No		
	9. Name and Address of Currer	it Registered Agent		04	10. Name and Address of	New Hegistered	3 MBaur	
				81 Name				
LESTER	R, DAVID R.	Company (	_	82 Street Addr	ress (P.O. Box Number is Not Ac	ceptable)		
<del>-7183 P</del> (	OCOHANTAS STREET (	P ADDRESS		7549	t coleridge Ri	24 <i>D</i>		
PANAM	A CITY FL 32404	OMY		83				
				84 City		F	85 Z	ip Code
				<u> </u>			becsing its	ranistared office
11. Pursuant 1	to the provisions of Sections 607.050; red agent, or both, in the State of Flori ith, and accept the obligations of, Sec	2 and 607.1508, Florida Statu	ites, the abo	ove-named corpor corporation's boar	ration submits this statement for ird of directors. I hereby accept th	ne appointment:	as registere	d agent. I am
or register familiar wi	ith, and accept the obligations of, Sec	tion 607.0505, Florida Statute	es.		1_		140	100.
SIGNATURE	Manifettests	u JANDK.L	ESTER	<u> </u>	LOS I DENT	10	span.	(446
Old Williams	Signature, typed or printed name of registered agen	it and trile if applicable. (N		d Agent signature require	ADDITIONS/CHANGES T	O OFFICERS AL	NO DIRECT	ORS IN 12
12.		ID DIRECTORS	13.	title	ADDITIONS/OF PARGES 1	O OTTIOLINOTE	☐ Change	
TITLE	VTD CHEAN C		1.2 1	1			_	
NAME	LESTER, SUSAN C.			STREET ADDRESS				
STREET ADDRESS	7544 COLERIDGE ROAD			CITY-SI-ZIP			_	32404
CITY-ST-ZIP	PANAMA CITY FL	DELETE		TITLE			Change	Addition
TITLE	PCD	[ ] better		IAME				
NAME	LESTER, DAVID R.			STREET ADDRESS				
STREET ADDRESS	7544 COLERIDGE ROAD			CITY-ST-ZIP			,	32404
CITY-S1-ZIP	PANAMA CITY FL	☐ DELETE		TITLE			Change	Addition
TITLE	V ATTENDITURE A	L) bitter		NAME				
NAMÉ	OTTEWILL, WILLIAM A 12 DORAL DRIVE		1	STREET ADDRESS				
STREET ADDRESS	SHALIMAR FL			CITY-ST-ZIP				32579
CITY-ST-ZIP	STIALIMAN FL	DELETE		TITLE			☐ Change	Addition
TITLE		L. Vecen	L	NAME				
NAME				STREET ADDRESS				
SSERGMA LEERIS		-		CITY-ST-ZIP				
CHY SI ZIP		DELETE		TITLE			☐ Change	e 🔲 Addition
TITLE		<u> </u>		NAME				
NAME ANGEST APPROCES				STREET ADDRESS				
STREET ADDRESS	1			CITY-ST-ZIP				
CITY-S1-ZIP		☐ DELETE		TITLE			☐ Change	e 🔲 Addition
TITLE		<u> </u>	1	NAME				
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STHEET ADDRESS	<b>,</b>			CITY-ST-ZIP				
CITY - ST - ZIP	1			~···· <u>~·</u> <u>I</u>		1.10.03(0)(1.)	Final de Chal	San I di melana

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 cath; 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: Sand Rester