

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 4:35

DOCUMENT # H75638

(7)

1. Corporation Name

B AND D VEACH, INC.

Principal Place of Business

Mailing Address

**ROUTE 4, BOX 1004
ARCADIA FL 33821**

**ROUTE 4, BOX 1004
ARCADIA FL 33821**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/12/1985

3a. Date of Last Report

01/21/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2604836

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, FLETCHER
124 NORTH BREVARD
ARCADIA FL 33821**

01. Name

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

03.

04. City

FL

05. 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 file # applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PTD
VEACH, B. R.
RT. 4, BOX 1004
ARCADIA FL**

1. TITLE

☐ Change ☐ Addition

NAME

2. NAME

STREET ADDRESS

3. STREET ADDRESS

CITY - ST - ZIP

4. CITY - ST - ZIP

TITLE

**D
VEACH, ALTA D.
RT. 4, BOX 1004
ARCADIA FL**

2. TITLE

☐ Change ☐ Addition

NAME

2. NAME

STREET ADDRESS

2. STREET ADDRESS

CITY - ST - ZIP

2. CITY - ST - ZIP

TITLE

3. TITLE

☐ Change ☐ Addition

NAME

3. NAME

STREET ADDRESS

3. STREET ADDRESS

CITY - ST - ZIP

3. CITY - ST - ZIP

TITLE

4. TITLE

☐ Change ☐ Addition

NAME

4. NAME

STREET ADDRESS

4. STREET ADDRESS

CITY - ST - ZIP

4. CITY - ST - ZIP

TITLE

5. TITLE

☐ Change ☐ Addition

NAME

5. NAME

STREET ADDRESS

5. STREET ADDRESS

CITY - ST - ZIP

5. CITY - ST - ZIP

TITLE

6. TITLE

☐ Change ☐ Addition

NAME

6. NAME

STREET ADDRESS

6. STREET ADDRESS

CITY - ST - ZIP

6. CITY - ST - ZIP

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)(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 attachment with an address.

SIGNATURE:

B. R. VEACH *B. R. Veach Pres.*

4-7-95 *813-494-0198*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number