

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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90055 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # J04511

1. Corporation Name  
**B-CON ENTERPRISES, INC.**



Principal Place of Business  
 9604 CORTEZ RD W  
 STE 414  
 BRADENTON FL 34209  
 US

Mailing Address  
~~PO BOX 1402  
 BRADENTON FL 34280  
 US~~  
*9604 Cortez Rd, West  
 Bradenton, Florida 34210*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.:  
 22 City & State:  
 23 Zip Country:  
 24 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.:  
 27 City & State:  
 28 Zip Country:

3. Date Incorporated or Qualified  
**03/18/1986**

4. FEI Number  
**59-2668733**

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

9. Name and Address of Current Registered Agent  
**FERRELL, JOSEPH C.**  
**22 TUTTLE AVENUE**  
**SUITE**  
**SARASOTA FL 33577**

10. Name and Address of New Registered Agent  
 81 Name **MARC A. CONLEY**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**8108 43RD AVE WEST**  
 83  
 84 City **Bradenton** FL 85 Zip Code **34209**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONLEY, BETTY J.	<i>Apt 414</i>
STREET ADDRESS	1621 SE HARRIS DR.	<i>9604 Cortez Rd W</i>
CITY-ST-ZIP	BARTLESVILLE OK	<i>Bradenton, Fla</i>
TITLE	P	<input type="checkbox"/> DELETE
NAME	CONLEY, CLYDE M.	<i>Apt 414</i>
STREET ADDRESS	1621 SE HARRIS DR.	<i>9604 Cortez Rd W</i>
CITY-ST-ZIP	BARTLESVILLE OK	<i>Bradenton, Fla</i>
TITLE	S	<input type="checkbox"/> DELETE
NAME	CONLEY, MARC A.	
STREET ADDRESS	8103 43RD AVE W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marc A. Conley* 4-12-99 941-795-7101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)