FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthey ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 J28027 DOCUMENT # B AND B RIGGING, INC. Principal Place of Business Mailing Address 8426 126TH AVE N LARGO FL 33773 6426 126TH AVE N **LARGO FL 33773** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1986 2. Principal Place of Business 2a. Mailing Address 59-2701221 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LEVY, DAVID 10225 ULMERTON RD ` Street Address (P.O. Box Number is Not Acceptable) BLDG 9C **LARGO FL 33771** City 85 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 little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE NAME BRITTON, GRACE M. 1.2 NAME 13191 WASHINGTON STREET ADDRESS 1.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change TITLE NULE BRITTON, RENDER G. 2.2 NAME 13191 WASHINGTON AVE. STREET ADDRESS 2.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change TITLE . NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 trusted 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 attackment with an address

4.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME **5 3 STREET ADORESS** 

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

DELETE

DELETE

Applied For

Zip Code

Addition

Addition

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Addition

Addition

Not Applicable