

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J57212 (9)

1. Corporation Name

B.B.I.R., INC.



Principal Place of Business

% MAURICE F. WILDER
3000 GULF TO BAY BLVD., 6TH FL.
CLEARWATER FL 34619-4304

Mailing Address

% MAURICE F. WILDER
3000 GULF TO BAY BLVD., 6TH FL.
CLEARWATER FL 34619-4304

3. Date Incorporated or Qualified
02/11/1987

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2796773

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILDER, MAURICE F.
3000 GULF TO BAY BLVD., 6TH FL.
CLEARWATER FL 34619

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 of Registered Agent is required for this application)

(Signature of Registered Agent is required for this application)

DATE:

12. OFFICERS AND DIRECTORS

TITLE	PDT	☐ DELETE
NAME	WILDER, MAURICE F.	
STREET ADDRESS	1800 MCCAULEY RD.	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	VPD	☐ DELETE
NAME	WILDER, KATHY JO	
STREET ADDRESS	1800 MCCAULEY RD.	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	SD	☒ DELETE
NAME	HENTGES, PATRICIA	
STREET ADDRESS	3312 BRIARWOOD CIRCLE	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	ASD	☐ DELETE
NAME	MERRELL, THOMAS L	
STREET ADDRESS	2892 DEER RUN SOUTH	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	-Delete Patricia Hentges
3.3 STREET ADDRESS	she is deceased and no new secretary
3.4 CITY-STATE-ZIP	has been designated
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	Executive Vice President-Director
4.3 STREET ADDRESS	Peter E. Creighton
4.4 CITY-STATE-ZIP	3000 Gulf to Bay Blvd. 6th Flr
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	Clearwater, FL 34619
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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 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:

[Signature] Executive V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

(813) 799-2111

CR2E034 (12/95)