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PROFIT CORPORATION ANNUAL REPORT



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 27 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

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B & A ENTERPRISES OF DELTONA, INCORPORATED

Principal Place of Business Mailing Address % WILLIAM CUMMINS % WILLIAM CUMMINS 58A DELTONA PLAZA 59A DELTONA PLAZA DO NOT WRITE IN THIS SPACE **DELTONA FL 32725 DELTONA FL 32725** 3. Date Incorporated or Qualified 09/25/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2855931 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CUMMINS, WILLIAM 58 DELTONA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **DELTONA FL 32738** 63 64 City 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 chango was authorized by the corporation's hoard of directors. Thereby accept the appointment as registered agent. Lamilian with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Brigistered Agent signature required when re-instating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.17014 **CUMMINS, WILLIAM** NAME 1.2 NAME **59A DELTONA BLVD** 1.3 STREET ADDRESS STREET ADDRESS **DELTONA FL** CHTY-ST-ZIP 1.4 COY - S1 - ZIP DELETE Change Addition 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 23 STHEET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-S1-ZIP 900002538**11**9 -05/28/98-01012 DELETE Addition 4.1 TITLE TITLE 4. 2 NAME -05/28/98--01013--004 NAME STREET ADDRESS 4.3 STREET ADDRESS ***550.00 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE Addition TITLE 51 TIME 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition G.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 suppliemental immediate point is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corporation or the receiver or trusted 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 or an attachment with an address.