

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 # K05330 (1)

1. Corporation Name

B & S DIVERSIFIED, INC.



Principal Place of Business

1 PURLIEU PLACE  
STE - 154  
WINTER PARK FL 32792  
US

Mailing Address

1 PURLIEU PLACE  
STE - 154  
WINTER PARK FL 32792  
US

2. Principal Place of Business

21 1820 N GOLDENROD RD

2a. Mailing Address

26 1820 N GOLDENROD RD

Suite, Apt. #, etc.

22 STE 106

Suite, Apt. #, etc.

27 STE 106

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

Zip

24 32807

Country

25 ORANGE

Zip

29 32807

Country

30 ORANGE

9. Name and Address of Current Registered Agent

MAYBIN, ROSE  
4053 MISTY MORNING PL  
CASSELBERRY FL 32707

3. Date Incorporated or Qualified  
12/02/1987

3a. Date of Last Report  
02/09/1995

4. FEI Number

59-2860339

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

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, typed or printed name of registered agent and, if not applicable,

(401) - Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ST  
ST  
1465 PELICAN BAY TRL.  
WINTER PARK FL

TITLE ☐ DELETE

NAME P  
P  
4053 MISTY MORNING PL  
CASSELBERRY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

(402) 382-7700

Daytime Phone #

CR2E034 (12/95)