

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K20472** (2)

1. Corporation Name

B & P INVESTMENTS OF VOLUSIA COUNTY, INC.



Principal Place of Business

Mailing Address

%GUSTAV POSTREICH
P. O. BOX 1030
EDGEWATER FL 32132
US

% GUSTAV POSTREICH
P. O. BOX 1030
EDGEWATER FL 32132
US

3. Date Incorporated or Qualified
04/04/1988

3a. Date of Last Report
07/20/1995

4. FEI Number

59-2898343

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POSTREICH, GUSTAV
22 WINCHESTER RD.
ORMOND BCH. FL 32174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

881 LINDENWOOD CIR

83

☒

84 City

ORMOND BEACH

FL

85

Zip Code

32174

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, if applicable

(Prints - Registered Agent Signature must be dated when recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D BUCKINGHAM, MARCIA
STREET ADDRESS
22 WINCHESTER RD.
CITY- ST- ZIP
ORMOND BCH. FL

TITLE ☐ DELETE

NAME
DPT POSTREICH, GUSTAV
STREET ADDRESS
22 WINCHESTER RD.
CITY- ST- ZIP
ORMOND BCH. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
D BUCKINGHAM, MARCIA
1.3 STREET ADDRESS
881 LINDENWOOD CIR
1.4 CITY- ST- ZIP
ORMOND BEACH, FL 32174

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
DPT POSTREICH, GUSTAV
2.3 STREET ADDRESS
881 LINDENWOOD CIR
2.4 CITY- ST- ZIP
ORMOND BEACH, FL 32174

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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: *Marcia Buckingham* MARCIA BUCKINGHAM

4-21-96

904-672-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #

CR2E034 (12/95)