

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

APPROVED
AND
FILED

50 MAY - 1 JUN 1994

FILED
WILLIAM S. JONES, JR.
CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K43872 (6)		
1. Corporation Name BBMT INC.		

Principal Place of Business 107 CRISTINE CT. 201 W. 4TH ST. NICEVILLE FL 32578 US	Mailing Address 107 CRISTINE CT. 201 W. 4TH ST. NICEVILLE FL 32578 US
---	---

2. Principal Place of Business	2a. Mailing Address
21. State: Apt # etc.	26. State: Apt # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/07/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0097800	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. 190.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	
TRUDEAU, BERNARD JR. 107 CRISTINE CT. NICEVILLE FL 32578	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0505 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in law from 1993/01/01, Florida Statutes. I further certify that the information is included 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 this corporation, or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a completed or amended report with an addressee.

SIGNATURE *Bernard F. Trudeau Jr.* **BERNARD F. TRUDEAU JR** 4/30/95 907-5581-
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR