

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K43872 (6)  
1. Corporation Name  
BBMT INC.



Principal Place of Business  
107 CRISTINE CT  
~~2021 NE 47TH ST~~  
NICEVILLE FL 32578  
US

Mailing Address  
107 CRISTINE CT  
~~2021 NE 47TH ST~~  
NICEVILLE FL 32578  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 107 CRISTINE CT Suite, Apt. #, etc. 22 City & State 23 NICEVILLE FL Zip 24 32578 Country 25 US	2a. Mailing Address 26 107 CRISTINE CT Suite, Apt. #, etc. 27 City & State 28 NICEVILLE FL Zip 29 32578 Country 30 US	3. Date Incorporated or Qualified 11/07/1988 3a. Date of Last Report 07/26/1996 4. FEI Number 65-0097800 Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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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 84 City FL 85 Zip Code
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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: Bernard F. Trudeau BERNARD F. TRUDEAU 7/21/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP
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14. I do hereby 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 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: Bernard F. Trudeau BERNARD F. TRUDEAU 7/21/97 870 897-5882  
Signature, typed or printed name of signing officer or director Date Daytime Phone # 011/02/17

CR2E034 (4/97)