FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K53961 (4) F B & B ENTERPRISES, INC. Principal Place of Business Mailing Address 1018 SLIGH BLVD. ORLANDO FL 32806 1018 SLIGH BLVD. ORLANDO FL 32806 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1988 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 915 S'. ORANGE AUE 915 S. ORANGE AVE 65-0090619 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing ORLANOO Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name POOLE. WILLIAM F IV 644 W. COLONIAL DR. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 City 84 Zip Code 85 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. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE BRUINSMA, BETTY 1.2 NAME NAME 915 S. ORANGE AVE. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE BRUINSMA, FRANK NAME 22 NAME 915 S. ORANGE AVE. 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32806 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETÉ Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.\$ TITLE 62 NAME NAME

6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption steption 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 receives as the state composered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 jl effanged or on an affecting with an againess.

STREET ADDRESS CITY+ST-ZIP

SIGNATURÉ:

FILED

407-977-9602

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