

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K74808

(2)

1. Corporation Name

BHB PROPERTIES, INC.

Principal Place of Business

% HOWARD SCHIEFERDECKER
501 E JACKSON ST. 1ST FL
ORLANDO FL 32801

Mailing Address

% HOWARD SCHIEFERDECKER
501 E JACKSON ST. 1ST FL
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1989

4. FEI Number

59-2948322

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 125 S. SWOOPE AVE.

22 SUITE 103

City & State

23 MAITLAND FLORIDA

Zip

24 32751

Country

25 ORANGE

2a. Mailing Address

26 125 S. SWOOPE AVE.

27 SUITE 103

City & State

28 MAITLAND FLORIDA

Zip

29 32751

Country

30 ORANGE

9. Name and Address of Current Registered Agent

SCHIEFERDECKER, HOWARD A.
501 EAST JACKSON STREET
ORLANDO FL

10. Name and Address of New Registered Agent

81 Name

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

125 S. SWOOPE AVE., SUITE 103

83

84 City MAITLAND

FL

85 Zip Code 32751

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 filed applicator

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME OWEN, WILLIAM H.
STREET ADDRESS 501 EAST JACKSON ST.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME SCHIEFERDECKER, HOWARD A
STREET ADDRESS 501 EAST JACKSON ST.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME MYLREA, BRUCE
STREET ADDRESS 501 EAST JACKSON ST.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME LIVINGSTON, GEORGE
STREET ADDRESS 501 EST JACKSON ST.
CITY-ST-ZIP ORLANDO

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
1.3 STREET ADDRESS 125 S. SWOOPE AVE., SUITE 103
1.4 CITY-ST-ZIP MAITLAND, FLORIDA 32751

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 125 S. SWOOPE AVE., SUITE 103
2.4 CITY-ST-ZIP MAITLAND, FLORIDA 32751

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 125 S. SWOOPE AVE., SUITE 103
3.4 CITY-ST-ZIP MAITLAND, FLORIDA 32751

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 125 S. SWOOPE AVE., SUITE 103
4.4 CITY-ST-ZIP MAITLAND, FLORIDA 32751

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 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:

3/8/98

CR2E034 (10/97)