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FILED
Mar 16 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 # **K95577** (8)
1. Corporation Name
B & B ENTERPRISES OF NICEVILLE, INC.

Principal Place of Business
**836 EDISTO AVENUE N.W.
P.O. BOX 1472
ORANGEBURG SC 29116-8472**

Mailing Address
**836 EDISTO AVENUE N.W.
P.O. BOX 1472
ORANGEBURG SC 29116-8472**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **168 John C. Calhoun**
Suite, Apt. #, etc.
22
City & State
23 **Orangenburg, SC**
Zip Country
24 **29115** 25

2a. Mailing Address
26 **P. O. Box 1472**
Suite, Apt. #, etc.
27
City & State
28 **Orangenburg, SC**
Zip Country
29 **29116** 30

3. Date Incorporated or Qualified
06/14/1989
4. FEI Number **57-0896561** 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

9. Name and Address of Current Registered Agent

**KESSLER, SIEGFRIED
102 BAYSHORE DRIVE
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

11. Pursuant to the provisions of Sections 607.01-02 and 607.15-08, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	BEEMER, JAMES E.	1579 BILTMORE	ORANGEBURG SC	<input type="checkbox"/>
V	BURKE, BONNYE F.	810 LITTLE CREEK ROAD	MYRTLE BEACH SC	<input type="checkbox"/>
S	BEEMER, LAJEAN F.	1579 BILTMORE	ORANGEBURG SC	<input type="checkbox"/>
T	BURKE, T. WILLIAM	810 LITTLE CREEK ROAD	MYRTLE BEACH SC	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

James E. Beemer

James E. Beemer, Pres.

CR2E034 (10/97)