FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11: 13

DOCUMENT # L35045 (8)

1. Corporation Name
B & B RESORTS, INC.

Principal Place of Business
POST OFFICE BOX 4767
SEASIDE FL 32459

Mailing Address
POST OFFICE BOX 4767
SEASIDE FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1989	3a. Date of Last Report: 10/11/1994
4. FEI Number: 65-0166881	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. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 3001 Windsor Way
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Tallahassee
23 City & State	28 City & State Florida
24 Zip / 25 Country	29 Zip 32312 / 30 Country Leon

9. Name and Address of Current Registered Agent

~~BOWMAN, VICTOR S~~
~~204 W. RUSKIN PLACE~~
~~SEASIDE FL 32459~~

10. Name and Address of New Registered Agent

81 Name: Donald C. Beeckler
82 Street Address (P.O. Box Number is Not Acceptable): 2038 Chimney Swift Hollow
83
84 City: Tallahassee FL 85 Zip Code: 32312

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] DATE: 3/22/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BEECKLER, DONALD CHARLES	1.2 NAME	
STREET ADDRESS	2038 CHIMMEY SWFT HOLL	1.3 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	1.4 CITY ST ZIP	
TITLE	~~S~~	2.1 TITLE	D ☑ Change ☐ Addition
NAME	~~BOWMAN, VICTOR S.~~	2.2 NAME	Louis S. Sachs
STREET ADDRESS	~~204 W RUSKIN PL~~	2.3 STREET ADDRESS	275 E 201st St
CITY ST ZIP	~~SEASIDE FL~~	2.4 CITY ST ZIP	Bronx, N.Y.
TITLE	~~T~~	3.1 TITLE	D ☑ Change ☐ Addition
NAME	~~GINN JR., WILLIAM T.~~	3.2 NAME	Roy Clemons
STREET ADDRESS	~~4990 VALLO VISTA CT~~	3.3 STREET ADDRESS	721 Miracle Strip Parkway
CITY ST ZIP	~~ATLANTA GA~~	3.4 CITY ST ZIP	Ft Walton Beach, FL
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/22/95 Daytime Phone #: 904-386-2568

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