

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0000048

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90005 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L35045

1. Corporation Name

B & B RESORTS, INC.

Principal Place of Business

POST OFFICE BOX 4767
SEASIDE FL 32459

Mailing Address

3001 WINDSOR WAY
TALLAHASSEE FL 32312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1989

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEECKLER, DONALD C.
2038 CHIMNEY SWIFT HOLLOW
TALLAHASSEE FL 32312

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 607.0502 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **BEECKLER, DONALD CHARLES**

STREET ADDRESS **2038 CHIMNEY SWIFT HOLL**

CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **SACHS, LOUIS S.**

STREET ADDRESS **275 E. 201 ST.**

CITY-ST-ZIP **BRONX NY**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **CLEMONS, ROY**

STREET ADDRESS **721 MIRACLE STRIP PKWY**

CITY-ST-ZIP **FT WALTON BEACH FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-8-99 (850) 386-2568

CR2E034 (5/99)

588640-90005-24
L35045

**B & B RESORTS, INC.
C/O DOT JOHNSON
3001 WINDSOR WAY
TALLAHASSEE, FLORIDA 32312**

July 7, 1999

Division of Corporations
Annual Reports Filings
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sirs:

Enclosed please find copy of Check Stub #1920 which was issued to pay Annual Corporate Filing Fee, dated 1/11/99. This check was mailed on 1/15/99. When I received the past due notice on 1/7/99, I called and was told the check and return were never received. I was also instructed to send copy of check stub with letter and \$150, and that late fee would be waived.

Thank you very much for your consideration in this matter.

Yours truly,



Dorothy R. Johnson

j/

) 1920		
1-11-99		
TO Florida Dept of State		
) FOR Corp Filing Fee		DEPOSITS
		TOTAL
		THIS CHECK
		OTHER TRANS. +/-
) TAX DEDUCTIBLE <input type="checkbox"/>		BALANCE
		150.00