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

**PROFIT CORPORATION** ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

B & B DISTRIBUTORS, INC.

**FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								-{			\\\ <b>0\0\!</b> \\\
721 ORANGE P.O. BOX 961 DAYTONA BE		721 ORANGE AVE P.O. BOX 968 DAYTONA BEACH FL 32115					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified 01/25/1990			
_	Place of Business	F	2a, Mailing Address					4. FEI Number		A	pplied For
Suite, Apt. #, etc.			26					59-2991784			ot Applicable
22	#, <del>0</del> (C.	<u> </u>	Suite, Apt. #. etc.					5. Certificate of Status Desired			Additional lequired
City & State			City & State				· · · · ·	6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution			to Fees
Zip 24	· — /		Zip Cou 29 30			ntry		8. This corporation owes or has pai			
24   25     9. Name and Address of Currer			I - I - I - I - I - I - I - I - I - I -				Personal Property Tax due June 30. Yes No				
VAN HOUTEN, MICHAEL A ESQ							Name	10, 110110 4110 1101	giotorou m	<b>J</b>	
114 S PALMETTO AVE					}	82	Street Addre	ess (P.O. Box Number is Not Acceptab	la\	<del></del>	
DA	yt <b>on</b> a beach fl	32115			Į	83		, i.o. box realison to not recopial			
						84	City		FL	1 1	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 confice 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 appoagent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.										hanging in ntment as	ts registered registered
SIGNATURE	Signature, typed or printed r	The of recent tried expellen	d title all any Lookle	INOTE	F. Danistanad	A	nt signature required				
12.	organizate, typoti or princett	OFFICERS AND DI		- HACOLE	13.	Aye	in signature reduiter	ADDITIONS/CHANGES TO OFFIC	DATE EDS AND E	UDECTOR	20 IN 10
TITLE	PD			DELETE	1.1 111	LE		ADDITIONATION AND TO OTHE		Change	Addition
NAME	WILLIAMS, J B				1.2 NA	ME					ľ
STREET ADDRESS	50 WOODBOUF				1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	ORMOND BEAC	H FL		T	1.4 CIT		T-ZIP			_	
TITLE	VD IAMEO	Ī	i	DELETE	2.1 (1)				L	Change	☐ Addition
NAME	KIRBY, JAMES I 2274 ORIOLE L			٠	2.2 NA						
STREET ADDRESS	SOUTH DAYTO						ADDRESS				
CITY-ST-ZIP TITLE	STD		·	DELETE	2. 4 C(1 3.1 T(1)		1-ZIP			Change	Addition
NAME	ANDERSON, BE	NE			3.2 NAM		1		<u> </u>	_ Change	
STREET ADDRESS	420 6TH ST						ADDRESS				
CITY-\$T-ZIP	HOLLY HILL FL				3.4. CH						
TITLE				DELETE	4.1 TITL					Change	Addition
NAME					4. 2 NA	ME					
STREET ADDRESS					4.3 STR	EET A	address				
CITY-ST-ZIP					4.4 CIT	Y-ST	- ZIP				
TITLE			Ļ	_ DEL <b>ete</b>	5.1 TITE	E				Change	☐ Addition
NAME					5.2 NA	Æ					1
STREET ADDRESS					5.3 STA	EET #	ADDRESS				ļ
CITY-ST-ZIP			···	DELETE	5.4 CIT		- ZiP		-	1.05.	4
TITLE			L	J DELETE	6.1 TITU				L	] Change	Addition
NAME CTROET ADDRESS					6.2 NAA						
STREET ADDRESS	<b>(</b>						ADDRESS				
CITY-ST-ZIP					6.4 CIT	r - ST	- ZIP				l l

14. Thereby 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 trysteg expowered 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 or an attachment with an indicated. 904-