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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L83563

(1)

1. Corporation Name
B&F INSURANCE, INC.



Principal Place of Business

8190 LITTLETON RD
STE 108
NORTH FT MYERS FL 33903
US

Mailing Address

P O BOX 3467
NORTH FT MYERS FL 33918-3467
US

2. Principal Place of Business

21 4120 PINE ISLAND RD
Suite, Apt. #, etc.

2a. Mailing Address

26 P O BOX 724
Suite, Apt. #, etc.

City & State

23 MATLACHA, FL
Zip

Country

24 33993

25 US

City & State

28 MATLACHA, FL
Zip

Country

29 33993

30 US

9. Name and Address of Current Registered Agent

FRANKLIN, FRANCIS W. SR.
8190 LITTLETON ROAD
NORTH FORT MYERS FL 33903

3. Date Incorporated or Qualified

06/26/1990

3a. Date of Last Report

08/13/1996

4. FEI Number

65-0217360

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

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 607.0502 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 of person or persons authorized to register agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME FRANKLIN, FRANCIS W. SR.
STREET ADDRESS 19156 INDIAN WELLS COURT
CITY-ST-ZIP NORTH FORT MYERS FL

TITLE D ☐ DELETE
NAME FRANKLIN, BERNADETTE
STREET ADDRESS 19156 INDIAN WELLS COURT
CITY-ST-ZIP NORTH FORT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 do 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 and Typed or Printed Name of Signing Officer or Director
Francis W. Franklin

Date

1/6/97 941 283 4759

Daytime Phone #

MDR155

CR2E034 (9/96)