FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M07997** **(3)**

1. Corporation Name

B & S PROPERTIES OF CLEWISTON, INC.

Principal Place of Business	Mailing Address
910 OKEECHOBEE BLVD. CLEWISTON FL 33440	910 OKEECHOBEE BLVD. CLEWISTON FL 33440

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

3. Date Incorporated or Qualified: **11/20/1984**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **59-2469476** ☐ 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

9. Name and Address of Current Registered Agent

ABEL, GARY M.
612 SAGINAW
CLEWISTON FL 33440

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 607.0505 or 617.0505, 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: Gary M. Abel GARY M. ABEL 3-25-96
(Corporate Registered Agent's Signature) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAMLIN, MARVIN		1.2 NAME	
STREET ADDRESS	4987 PRIETO DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ROBERT J		2.2 NAME	
STREET ADDRESS	526 E DELMONTE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ABEL, GARY		3.2 NAME	
STREET ADDRESS	612 SAGINAW		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WARD, CARLTON		4.2 NAME	
STREET ADDRESS	1230 HANTON		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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(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 added to the report, I am an officer.

SIGNATURE: Gary M. Abel GARY M. ABEL VP 3-25-96 941-983-2928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

CR2E034 (12/95)