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Jan 17 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 # **M82167** (1)

1. Corporation Name:  
**B & D CORPORATION OF FLORIDA, INC.**

Principal Place of Business  
**4015 E. HILLSBOROUGH AVE.  
TAMPA FL 33610**

Mailing Address  
**4015 E. HILLSBOROUGH AVE.  
TAMPA FL 33610-3847**



3. Date Incorporated or Qualified <b>05/19/1988</b>	3a. Date of Last Report <b>04/02/1996</b>
4. FEI Number <b>59-2889452</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**DAVIS, ELAINE M.  
3909 N. STANLEY RD.  
PLANT CITY FL 33565**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
<b>FL</b>	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	<b>VTD</b>	1.1 TITLE	<b>V D</b>
NAME	<b>DAVIS, OLIVER WAYNE</b>	1.2 NAME	<b>DAVIS, OLIVER WAYNE</b>
STREET ADDRESS	<b>3909 N. STANLEY RD.</b>	1.3 STREET ADDRESS	<b>3909 N STANLEY RD.</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>	1.4 CITY-ST-ZIP	<b>PLANT CITY FL</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>KARIE L. FRENCH</b>
NAME	<b>BAUCOM, JAMES LLOYD</b>	2.2 NAME	<b>24831 TWIN LAKE DR</b>
STREET ADDRESS	<b>413 DEER PARK AVE.</b>	2.3 STREET ADDRESS	<b>LAND O'LAKES FL 34639</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	
NAME	<b>DAVIS, ELAINE M.</b>	3.2 NAME	
STREET ADDRESS	<b>3909 N. STANLEY RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

**JAMES LLOYD BAUCOM** President 1/10/97 873-626-7586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)