

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90003 031 ****61.25

0081139

DOCUMENT # N38958

1. Corporation Name

B.&B. PROJECT STRAIGHT, INC.

Principal Place of Business

7046 EARLWOOD AVE.
TANGERINE FL 32777
US

Mailing Address

PO BOX 738
TANGERINE FL 32777-0738



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

07/02/1990

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

WHITE, WILLIAM H.
7046 EARLWOOD AVE.
TANGERINE FL 32777

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

NAME
WHITE, WILLIAM H.
STREET ADDRESS
7046 EARLWOOD AVE.
CITY-ST-ZIP
TANGERINE FL 32777

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
WHITE, BARBARA S.
STREET ADDRESS
7046 EARLWOOD AVE.
CITY-ST-ZIP
TANGERINE FL 32777

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
LANG, MARJORIE G.
STREET ADDRESS
1215 E CLIFTON ST
CITY-ST-ZIP
TAMPA FL 33604

3.1 TITLE ☒ Change ☐ Addition

PASSMORE, MARJORIE G.

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Barbara S. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA S. WHITE 3/26/99 (352) 235-4522
Date Daytime Phone #

CR2E037 (11/98)