2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000079390

Entity Name: B AND B PROPERTIES OF JACKSONVILLE, INC.

FILED Oct 23, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1728 SW WACAHOOTA RD 4518 IRVING ROAD

MICANOPY, FL 32667 JACKSONVILLE, FL 32226

Current Mailing Address: New Mailing Address:

1728 SW WACAHOOTA RD 4518 IRVING ROAD

MICANOPY, FL 32667 JACKSONVILLE, FL 32226

FEI Number: 87-0727596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEPRELL, SAMUEL L 1930 SAN MARCO BLVD SUITE 201 ST MARKS PLACE JACKSONVILLE, FL 32207 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAMUEL L LEPRELL

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: D () Delete Title: D (X) Change () Addition
Name: SHAFNACJER, WILLIAM F
Address: 1728 SW WACAHOOTA RD Address: 4518 IRVING ROAD

Address: 1728 SW WACAHOOTA RD Address: 4518 IRVING ROAD City-St-Zip: MICANOPY, FL 32667 City-St-Zip: JACKSONVILLE, FL 32226

 Title:
 D () Delete
 Title:

 Name:
 MILLIKEN, ROBERT P
 Name:

 Address:
 16091 NW US 441
 Address:

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MILLIKEN D 10/23/2006