FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P36297

(0)

B & A SERVICES, INC. OF DELAWARE

FILEL)
Feb 03 1997	8:00am
Secretary o	f State

	1	

Principal Place of Business Mailing Address POST OFFICE BOX 16646 POST OFFICE BOX 16846 TAMPA FL 33687 TAMPA FL 33687-6646		(1844/00) JOO 11110 DAINO LEBAR FOILE FOOD MIND BEAR BEAR DIDIT WARK DIDIT FOOD							
					1				
						3. Date incorporated or Qualified 11/14/1991		te of Last F	leport
r—	lace of Business	2a. Mailing Address	S			4. FEI Number	***************	A	pplied For
21	4 - 1	26				59-3082987			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.			5. Certificate of Status Desired			Additional equired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23	······································	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	<u>-</u>	intry		8. This corporation has liability for in		_	i. 199.032,
24	25 9. Name and Address of Curre	nt Registered Agent	30	· · · · ·		Florida Statutes		No	
A! D	ERMAN, CYNTHIA A.	in riogistorea Agent		B1	Name	10. Name and Address of New Neg	listoten i	Agur	
	DUNEDIN AVE.								
	PLE TERRACE FL 33817			82	Street Add	ress (P.O. Box Number is Not Acceptab	e)		
1611	TEL TENTAGE TE GOOT			63					
				B4	City		FL	85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida o of Florida, Such change	Statutes, the al	bove d by	-named corpora	poration submits this statement for the patients board of directors. I hereby accep		changing i	ts registered
agent. La	m familiar with, and accept the oblig	ations of, Section 607.05	05. Florida Stat	utes).	,	• • •		·
SIGNATURE	Signature (ty) ea or printed rian elot registered ag	ant and title it acrelicable	/NOTE: Recurrence	d 400	nt eignatura ragu	ired when reinstating)	DATE		
12.		ID DIRECTORS	13.		rit algiratore requi	ADDITIONS/CHANGES TO OFFICE		DIRECTO	AS IN 12
TITLE	PS	☐ DELE	TE 11TI	TLE				Change	Addition
NAME	ALDERMAN, RICHARD E.		1.2 N	AME					
STREET ADDRESS	413 DUNEDIN AVE.		13 S	REET	ADDRESS				
CITY - ST - ZIP	TEMPLE TERRACE FL			TY-S	T-ZIP				
TITLE	VT	☐ DELE	TE 21TI	TLE				Change	Addition
NAME	BLACKWELL, LAWRENCE G.		22 N	AME					
STREET ADDRESS	3028 WOOD SONG CT.		23 \$1	AEET	ADDRESS				
CITY - ST - ZIP	MULBERRY FL			ITY-S	ST-ZIP				
TITLE		DELE.	TE 31 TI	TLE				Change	☐ Addition
NAME			32 N	AME					
STREET ADDRESS			3.3 51	reet	ADDRESS				
CITY-SI-7IP					ST-ZIP			r 1 a.	
THLE		L DELE						Change	Addition
NAME			4. 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-7IF		☐ DELE		_	T-ZIP			Change	T Addition
TITLE		☐ 0£1€:						Change	Addition
NAME CIDICI ADDRESS			5.2 N/		ADDDCCO				
STREET ADDRESS					ADDRESS				
CITY-ST-74'	and the state of t	☐ DELE			T-ZIP			☐ Change	Addition
		ے مددد	1					viange	L. AVOIDON
NAME CIRCULATION CO			6.2 N		VDDDEGG				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIF			6.4 ()	17-5	T-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.

Alderstrab III Richard E. Alderman 28 Jan 97 80.664.3355