SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 5/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 AUG 11 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P40583** **(7)**

1. Corporation Name

B & B PROPERTIES OF SOUTH FLORIDA, INC.

Mailing Address	Principal Place of Business
4750 MCWILLIE DR.	4750 MCWILLIE DR.
STE. #108-A	STE. #108-A
JACKSON MS 39206-5606	JACKSON MS 39206-5606

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1992	3a. Date of Last Report: 04/07/1993
4. FEI Number: 64-0806388	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
R. SCOTT PRICE, ESQ. 4501 TAMIAMI TRAIL, N., SUITE 400 NAPLES FL 33942	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 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ Date
Signature, typed or printed name of registered agent and the date. (If this Registered Agent signature requires attestation)

12. OFFICERS AND DIRECTORS		13. CHANGE OFFICERS AND DIRECTORS
11 TITLE	P/D	11 TITLE
12 NAME	BUSCHING CURT C	12 NAME
13 STREET ADDRESS	4750 MCWILLIE DR., #108-A	13 STREET ADDRESS
14 CITY ST ZIP	JACKSON MS	14 CITY ST ZIP
21 TITLE	~~V/T/D~~	21 TITLE
22 NAME	~~BUSCHING WILLIAM W~~	22 NAME → BUSCHING WILLIAM W
23 STREET ADDRESS	~~4750 MCWILLIE DR., #108-A~~	23 STREET ADDRESS (NO LONGER INVOLVED IN CORPORATION)
24 CITY ST ZIP	~~JACKSON MS~~	24 CITY ST ZIP
31 TITLE	S/D	31 TITLE
32 NAME	BUSCHING, HAROLD W.	32 NAME
33 STREET ADDRESS	4750 MCWILLIE DR., #108-A	33 STREET ADDRESS
34 CITY ST ZIP	JACKSON MS	34 CITY ST ZIP
41 TITLE		41 TITLE
42 NAME		42 NAME
43 STREET ADDRESS		43 STREET ADDRESS
44 CITY ST ZIP		44 CITY ST ZIP
51 TITLE		51 TITLE
52 NAME		52 NAME
53 STREET ADDRESS		53 STREET ADDRESS
54 CITY ST ZIP		54 CITY ST ZIP
61 TITLE		61 TITLE
62 NAME		62 NAME
63 STREET ADDRESS		63 STREET ADDRESS
64 CITY ST ZIP		64 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk, or on an attachment with an asterisk.

SIGNATURE: [signature] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date