

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40583 (7)

1. Corporation Name

B & B PROPERTIES OF SOUTH FLORIDA, INC.



Principal Place of Business

5750 I-55 NORTH FRONTAGE ROAD
STE. #108-A
JACKSON MS 39211-2638
US

Mailing Address

P O BOX 12791
STE. #108-A
JACKSON MS 39236-2791
US

2. Principal Place of Business

21 5750 I 55 N. Frontage Rd. P.O. Box 12791

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Jackson, MS

28 Jackson, MS

Zip

Country

Zip

Country

24 39211

25 USA

29 39236-2791

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/22/1992

3a. Date of Last Report

03/06/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

PRICE, R. SCOTT 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, 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 the if applicable

(NOTE: Registered Agent signature required when a new agent is appointed)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BUSCHING, CURT C
STREET ADDRESS 4750 MCWILLIE DR., #108-A
CITY-ST-ZIP JACKSON MS

TITLE SD ☒ DELETE

NAME BUSCHING, HAROLD W
STREET ADDRESS 4750 MCWILLIE DR., #108-A
CITY-ST-ZIP JACKSON MS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Curt C. Busching
1.3 STREET ADDRESS 5750 I 55 North Frontage Road
1.4 CITY-ST-ZIP Jackson, MS 39211

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/96

(601)956-6000

(Type the Phone #)

CR2E034 (12/95)