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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P40583** (7)

1. Corporation Name
B & B PROPERTIES OF SOUTH FLORIDA, INC.



Principal Place of Business
**5750 I55 N FRONTAGE RD
JACKSON MS 39211
US**

Mailing Address
**PO BOX 12791
JACKSON MS 39236-2791
US**

3. Date Incorporated or Qualified
09/22/1992

3a. Date of Last Report
03/22/1996

4. FEI Number
64-0806388

Applied For
☐ Yes ☒ 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**PRICE, R. SCOTT ESQ.
4501 TAMiami TRAIL, N., SUITE 400
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|-----------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| STREET ADDRESS | 5750 I 55 NORTH FRONTAGE RD | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| CITY-ST-ZIP | JACKSON MS | 2.1 TITLE | 2.2 NAME |
| TITLE | NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| STREET ADDRESS | 5750 I 55 NORTH FRONTAGE RD | 3.1 TITLE | 3.2 NAME |
| CITY-ST-ZIP | JACKSON MS | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| TITLE | NAME | 4.1 TITLE | 4.2 NAME |
| STREET ADDRESS | 5750 I 55 NORTH FRONTAGE RD | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| CITY-ST-ZIP | JACKSON MS | 5.1 TITLE | 5.2 NAME |
| TITLE | NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| STREET ADDRESS | 5750 I 55 NORTH FRONTAGE RD | 6.1 TITLE | 6.2 NAME |
| CITY-ST-ZIP | JACKSON MS | 6.3 STREET ADDRESS | 6.4 CITY-ST-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)