


FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90045 037 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P40583					
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		
2. Principal Place of Business 1705 Colonial Blvd. Suite B-4 City & State Fort Myers, FL 33907 Zip 33907		2a. Mailing Address Post Office Drawer 6097 Suite, Apt. #, etc. City & State Fort Myers, FL 33911-6097 Zip 33911-6097		3. Date Incorporated or Qualified 09/22/1992	
21		2b		4. FEI Number 64-0806388	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PRICE, R. SCOTT ESQ. 4501 TAMAMI TRAIL, N., SUITE 400 NAPLES FL 33942			10. Name and Address of New Registered Agent ROBERT MOSLEY SERVICES-TAYLOR MADE, INC. Street Address (P.O. Box Number is Not Acceptable) 1705 Colonial Blvd. Suite B-4 City Fort Myers, FL Zip Code 33907		
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 <i>Robert A. Mosley</i> Agent For <i>Am</i> 4-21-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input type="checkbox"/> DELETE NAME CURT C BUSCHING STREET ADDRESS 5750 I 55 NORTH FRONTAGE RD CITY-ST-ZIP JACKSON MS			1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME CURT C. BUSCHING 1.3 STREET ADDRESS 4800 I-55 NORTH 1.4 CITY-ST-ZIP JACKSON, MS 39211		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

14. I 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, with all other like empowered.

SIGNATURE:

Robert A. Mosley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-99 *941-9366412*
 Date Daytime Phone #

CR25034 (4/1/98)