

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000008220 (4)

1. Corporation Name

THREE B'S OF SUWANNE COUNTY INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business SR 136 & I-75 EXIT 84 WHITE SPRINGS FL 32096 US		Mailing Address 2953 COUNTY ROAD 136 WHITE SPRINGS FL 32096 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
g. Name and Address of Current Registered Agent FAUCHER, ROBIE RT. 38, BOX 11 LAKE CITY FL 32055		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P. O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 title of applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	FAUCHER, ROBIE	1.2 NAME	
STREET ADDRESS	RT. 38, BOX 11	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	FAUCHER, DANA	2.2 NAME	
STREET ADDRESS	229 GWEN LAKES BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	FAUCHER, LUKE	3.2 NAME	
STREET ADDRESS	RT. 8, BOX 234 C	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE

[Handwritten Signature]

CP2E034 (10/97)