

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000078484 (1)**

1. Corporation Name

B.B. KAT ENTERPRISES, INC.

Principal Place of Business

**10568 GANDY BLVD.
ST. PETERSBURG FL 33702**

Mailing Address

**12497-92ND WAY NORTH
LARGO FL 34643**

2. Principal Place of Business

21 8804 - 66TH ST. N.

Suite, Apt. #, etc.

22

City & State

23 PINELLAS PARK, FLA.

Zip

24 34666

Country

25 U.S.A.

2a. Mailing Address

26 6095 - 72ND AVE. N.

Suite, Apt. #, etc.

27 APT. B

City & State

28 ST. PETERSBURG, FLA.

Zip

29 34665

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**HOUSE, BERNARD R
5922 50TH AVENUE NORTH
ST. PETERSBURG FL 33709**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

01/22/1997

4. FEI Number

59-3208383

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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

HOUSE, BERNARD R

Signature, typed or printed name of registered agent and title if applicable

Bernard R House

(NOTE: Registered Agent signature required when reinstating)

9/9/97

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PS
HOUSE, BARBARA LYNN
12497-92ND WAY NORTH
LARGO FL 34643**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**6095 - 72ND AVE. N. APT. B
ST. PETERSBURG, FLA 33781**

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

Bernard R House

9/9/97

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FILED

97 SEP 11 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)