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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90132 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000011762 (9) 1. Corporation Name B & C ENTERPRISES OF PENSACOLA INC			
Principal Place of Business 4400 BAYOU BLVD STE 4 PENSACOLA FL 32514 US		Mailing Address 4247 BURTONWOOD CIRCLE PENSACOLA FL 32514 US	
2. Principal Place of Business 21 286 N PALAFOX STREET Suite, Ap. #, etc. 22 City & State 23 PENSACOLA FL Zip Country 24 32501 25 US		2a. Mailing Address 26 1660 FOULIS DRIVE Suite, Apt. #, etc. 27 City & State 28 PENSACOLA FL Zip Country 29 32503 30 US	
9. Name and Address of Current Registered Agent BARBER, KEITH 4247 BURTONWOOD CIR PENSACOLA FL 32514		10. Name and Address of New Registered Agent 81 Name address change only 82 Street Address (P.O. Box Number is Not Acceptable) 1660 FOULIS DRIVE 83 84 City FL 85 Zip Code 32503	
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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBER, KEITH D 4247 BURTONWOOD CIRCLE PENSACOLA FL 32514 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1660 FOULIS DRIVE PENSACOLA FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARBER, PATRICIA E 4247 BURTONWOOD CIRCLE PENSACOLA FL 32514 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1660 FOULIS DRIVE PENSACOLA FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA E. BARBER

4-19-99 (850) 438-2744
Date Daytime Phone #

CR2E034 (11/98)