

SEE AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -7 PM 1:54

091400

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REINSTATEMENT

99-01

DOCUMENT # P94000015580

1. Corporation Name

HB & SB INC.

Principal Place of Business

7523 N. MAIN STREET  
JAX FL 32208

Mailing Address

P.O. BOX 60542  
JAX FL 32236

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/23/1994

4. FEI Number

59-3240405

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 the current year  
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DANIEL, W.D. JR.  
6628 HYDE GROVE AVENUE  
JACKSONVILLE FL 32210

DECEASED

10. Name and Address of New Registered Agent

81 Name HENRY L. BOWMAN, II

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

1284 HAMILTON ST

83

84 City JACKSONVILLE

FL

85 Zip Code 32205

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.

HENRY L. BOWMAN II DPT

12-16-00

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME BOWMAN, HENRY L II  
STREET ADDRESS 1284 HAMILTON ST  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE DVS ☐ DELETE

NAME BOWMAN, STEPHANIE A  
STREET ADDRESS 1284 HAMILTON ST  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 600003509706-6

1.3 STREET ADDRESS -12/21/00-01017-003

1.4 CITY-ST-ZIP \*\*\*1050.00 \*\*\*1050.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)