# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023382 (2)

1. Corporation Name
**B & D ENTERPRISES, INC.**

| Principal Place of Business: | Mailing Address: |
|---|---|
| 2100 E MAIN ST<br>LEESBURG FL 34748 | 2100 E MAIN ST<br>LEESBURG FL 34748 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 25 / 29 / 30

4. FEI Number: 59-3232635 ☐ 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
9. This corporation is subject to chapter 617, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

HENDRIX, MERLIN D
2100 E MAIN ST
LEESBURG FL 34748

**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 the 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: / (If changing registered agent, registered agent must sign here.) (If changing registered agent, registered agent must sign here.) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19 |
|---|---|---|
| TITLE | PSD | ☐ Change ☐ Addition |
| NAME | CHRISTENSEN, BARBARA A | |
| STREET ADDRESS | 1080 CRYSTAL BOWL CIR | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | |
| TITLE | VT | ☐ Change ☐ Addition |
| NAME | HENDRIX, MERLIN D | |
| STREET ADDRESS | 2100 E MAIN ST | |
| CITY-ST-ZIP | LEESBURG FL 34748 | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

14. I/We hereby certify that the information supplied with this report is true, complete and accurate, and that I am duly authorized by Section 607.0505, Florida Statutes, to file this report. 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 a director or officer 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 1 or Block 12 if changed, added or deleted.

**SIGNATURE:** / M. Dean Lawson — 4/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE

0375073 CP