

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 11 01:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000028595 (4)**

1. Corporation Name

BBO BELLEVIEW, INC.

Principal Place of Business

**2531 NW 41 STREET BLDG D
GAINESVILLE FL 32606**

Mailing Address

**2531 NW 41 STREET BLDG D
GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/12/1994

3a. Date of Last Report

2. Principal Place of Business

21 1794 SW Hwy 484

2a. Mailing Address

26 3550 Sp 25 Avenue

4. FCI Number

59-3241958

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Ocala, Florida

Ocala, Florida

Zip

Zip

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

34473

Marion

34471

Marion

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRKPATRICK, JOHN W III
2531 NW 41 STREET BLDG D
GAINESVILLE FL 32606**

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

(Signature of the President, Secretary, Treasurer, or a Director of the Corporation, or the Registered Agent, or a person authorized by the Corporation to execute this statement.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
KIRKPATRICK, JOHN W
2. STREET ADDRESS
2531 NW 41 STREET BLDG D
3. CITY, ST, ZIP
GAINESVILLE FL 32606

4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP

16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP

19. NAME
20. STREET ADDRESS
21. CITY, ST, ZIP

1. NAME ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. NAME ☐ Change ☐ Addition

4. NAME ☐ Change ☐ Addition

5. NAME ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. NAME ☐ Change ☐ Addition

8. NAME ☐ Change ☐ Addition

9. NAME ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. NAME ☐ Change ☐ Addition

12. NAME ☐ Change ☐ Addition

13. NAME ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. NAME ☐ Change ☐ Addition

16. NAME ☐ Change ☐ Addition

17. NAME ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. NAME ☐ Change ☐ Addition

20. NAME ☐ Change ☐ Addition

21. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.01(1)(b), 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 manager or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or block 13 of this document, or on an attachment with an address.

SIGNATURE:

John W. Kirkpatrick IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John W. Kirkpatrick IV

4/27/95

904-629-7658