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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Feb 21 1997 8:00am

Secretary of State

(96/6)

Davime Prione

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000028750 (5)

B & B DELIVERY OF SARASOTA, INC.

Principal Place of Business Mailing Address 5926 PALMER BLVD. 5926 PALMER BLVD. SARASOTA FL 34232-2842 SARASOTA FL 34232 3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1994 02/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0486427 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 23 28 Zıp Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHEB. ROBERT P 1605 MAIN ST. Street Address (P.O. Box Number is Not Acceptable) **SUITE 705** 83 SARASOTA FL 34236 84 City 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 farmed with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE JAMES, RICHARD E NAME 1.2 NAME 5926 PALMER BLVD. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 1.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP Change DELETE Addition TITLE 31 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$T-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME **6.2 NAME 6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP DITY-ST-ZIP 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 inchanged, or on an attachment with an address.