FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address --

5926 PALMER BLVD.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90035 004 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000028750**1. Corporation Name

Principal Place of Business

,5926 PALMER BLVD.

CITY-ST-ZIP

SIGNATURI

B & B DELIVERY OF SARASOTA, INC.

SARASOTA FL	34232	SARASOTA FL 34232			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
2 Principal Pl	lace of Business	2a. Maiting Address			4. FEI Number	A	oplied For
— ·	200 01 22011000	26 P.O. BOX	10	364	65-0486427	- N	lot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional
 1	<i>n</i> , co.	27			5. Certifcate of Status Desired		Required
City & State		City & State		<u> </u>	6. Election Campaign Financing	\$5.00	May Be
<u> </u>	5	28 SARASOTA		FL	Trust Fund Contribution		to Fees
23	Country	Zip	Coun	trv	8. This corporation owes the current year		
	<u>-</u> '	34278 3		ARASOTA	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren		<u>0 </u>	HICKISOLI	10. Name and Address of New Registers		
	9. Name and Address of Curren	it Registered Agent		B1 Name	To. Harris and Address of New Acadesis		
SCH	eb, robert p`						
1605 MAIN ST.				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE 705							
				83			
SAH	ASOTA FL 34236		H	84 City		. 85 Zip	Code
				- 7	F		
office or n	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such change was auti	norizea	by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing it ointment as r	s registered egistered
SIGNATURE							
OIGHT TOTAL	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R		gent signature requir			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TIT	E		Change	Addition
NAME	JAMES, RICHARD E		1.2 NA	AE .			
STREET ADDRESS	5926 PALMER BLVD.		1.3 STF	EET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232		14 CIT	Y-ST-ZIP			
TITLE	O'U'' (O'U'' C'')	[] DELETE	2.1 TITL			Change	Addition
NAME ~		<u>_</u>	2.2 NA		· · · · · · · · · · · · · · · · · ·	_	
				REET ADDRESS			
STREET ADDRESS				···			
CITY-ST-ZIP			-	Y-ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITU	1		[Criango	
NAME			3.2 NA	AE			
STREET ADDRESS			3.3 STF	REET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	4.1 TITU	E	_	Change	e ☐ Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			ı	REET ADDRESS			
				Y-ST-ZIP			
CITY-ST-ZIP		□ DELETE	5,1 TITL			☐ Change	a Addition
TIRE		C Descri	5.2 NAJ	I .			
NAME				REET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP				Y-ST-ZIP			
TITLE	}	☐ DELETE	6.1 TITI	!		Change	e
NAME	1		6.2 NA	Æ			
STREET ADDRESS	ļ		6.3 STF	REET 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 suppliemental 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.