

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000049232 (9)

1. Corporation Name

B&C PARTNERS, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 24 AM 8:43

Principal Place of Business

**437 WEST PALM VALLEY DR
OVIEDO FL 32265**

Mailing Address

**437 WEST PALM VALLEY DR
OVIEDO FL 32265**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

57-3253848

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.012
Florida Statutes ☐ Yes ☐ No

Zip

32765

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**VAUGHT, CARLTON
437 WEST PALM VALLEY DR
OVIEDO FL 32265**

10. Name and Address of Now 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 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)

(Not for Registered Agent signature required when withdrawing)

(Not)

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

VAUGHT, CARLTON

STREET ADDRESS

437 WEST PALM VALLEY DR

CITY, ST, ZIP

OVIEDO FL 32265

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐

Change

☐

Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐

Change

☐

Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐

Change

☐

Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐

Change

☐

Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐

Change

☐

Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐

Change

☐

Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐

Change

☐

Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 receiver or trustee empowered to execute this report as required by Chapter 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carlton W. Vaught
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-95

(407) 677-7221

Date

Telephone Number