

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

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:57

DOCUMENT # P94000059074 (2)

1. Corporation Name

B & D ALTERATIONS, INC.

Principal Place of Business

1330 RAILHEAD BLVD., UNIT #3
NAPLES FL 33963

Mailing Address

1330 RAILHEAD BLVD., UNIT #3
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1994

3a. Date of Last Report

2. Principal Place of Business

21 1661 Trade Center Way

Suite, Apt. #, etc.

22 Ste 1

City & State
Naples FL

Zip

33942

Country

Collier

2a. Mailing Address

26 1661 Trade Center Way

Suite, Apt. #, etc.

27 Ste 1

City & State

28 Naples FL

Zip

33942

Country

Collier

4. FEI Number

65-051142

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFE, DAVID L
500 FIFTH AVENUE SOUTH
SUITE 509
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Kevin M. Burns
82 Street Address (P.O. Box Number is Not Acceptable)
1661 Trade Center Way
83 Ste 1
84 City Naples FL FL 85 Zip Code 33942

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 607.0502, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when re-registering

DATE

Kevin M. Burns 6/13/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURNS, KEVIN M
STREET ADDRESS	4050 GULF SHORE BLVD., #603
CITY - ST - ZIP	NAPLES FL 33940
TITLE	D
NAME	DE PINTO, VITO F
STREET ADDRESS	992 WOODSHIRE LANE, UNIT D202
CITY - ST - ZIP	NAPLES FL 33942
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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)(k), 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 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Kevin M. Burns

6/13/95

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