Applied For

\$8.75 Additional

Not Applicable

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

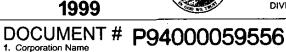
PROFIT CORPORATION ANNUAL REPORT



Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 01, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-01-1999 90104 045 ***150.00



B & B FAMILY, INC.

Principal Place of Business
P.O. BOX 5025
P.O. BOX 5025 23195 PEACHLAND PT CHARLOTTE FL 33949

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address P.O. BOX 5025 23195 PEACHLAND PT CHARLOTTE FL 33949

2a. Mailing Address

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/11/1994

65-0573872

4. FEI Number

22		27			5. Certificate of Status Desired	Fee Rec	uired	
City & State		City & State			6. Election Campaign Financing	-, \$5.00 h	/lav Be	
23 28		,		Trust Fund Contribution	Added to			
Zip	Country Zip		Count	Country - 8. This corporation owes the current year Intangible				
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				1 Name			1	
BURGESS, HAROLD E				82 Street Address (P.O. Box Number is Not Acceptable)				
23195 PEACHLAND				Sureer Address (F.O. Box Multiper is Not Addoption)				
PT CHARLOTTE FL 33954				3				
•				4 50		er Zio C	odo	
·				84 City FL 85 Zip Code				
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida	Statutes, the abo	ve-named corpo	oration submits this statement for the pu	rpose of changing its	egistered	
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. (NOTE: Registered Agent signature required when reinstating) DATE								
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO		
TITLE	DP	DELI	ETE 1.1 TITLE			☐ Change	☐ Addition	
NAME.	BURGESS, HAROLD E		1.2 NAMI	2			Ì	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	PT CHARLOTTE FL 33949		1.4 CITY	ST-ZIP				
TITLE	V	☐ DELI	ETE 2.1 TITLE	:		Change	☐ Addition	
NAME	BURGESS, CYNTHIA		2.2 NAMI	■				
STREET ADDRESS	P.O. BOX 5025 NA	ن د مینا	2.3 STRE	ET ADDRESS	^			
CITY-ST-ZIP	PT CHARLOTTE FL 33949		2, 4 CITY	-ST-ZIP				
TITLE	S	☐ DELI	ETE 3.1 TITLE	:	•	☐ Change	Addition	
NAME	Wenman, Beverly		3.2 NAMI	፤				
STREET ADDRESS	22 PLACE		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	NAPLES FL		3.4. CITY	-ST-ZIP				
TITLE			ETE 4.1 TITLE			☐ Change	Addition	
NAME	, 77	-	4. 2 NAM	E				
STREET ADDRESS	·		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE		☐ DEL	ETE 5.1 TITLE	:		Change	☐ Addition	
NAME			5.2 NAM	Ε		*-		
STREET ADDRESS	,		5.3 STRE	ET ADDRESS				
CITY-ST-ZIP	•		5.4 CITY			·		
TITLE ·		☐ DEL	ETE 6.1 TITLE			☐ Change	☐ Addition	
NAME	w ,= ,+.		, 6.2 NAM			•		
STREET ADDRESS			6.3 STRE	EET ADDRESS			j	
CITY-ST-ZIP			6.4 CITY			*****		
44 I barabu	46.46_441_6	d with this filing does not au	alify for the evem	ation stated in S	Section 119 07/3\(i) Florida Statutes, I fi	irther certify that the in	formation	

remove using the information supplied with ansaling does not quality 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: