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CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000063894 (7)

B & B CELLSERV ENTERPRISES, INC.

| Principal | Place of | Business |
|-----------|----------|----------|

FILED Apr 14 1998 8:00am Secretary of State



Mailing Address 5918 RIO ROYALLE 5918 RIO ROYALLE ST. AUGUSTINE FL 32085 ST. AUGUSTINE FL 32085 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1994 2a. Mailing Address 2. Principal Place of Business Applied For 4. FEI Number 59-3264373 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOWARD, BILLIE J 81 **5918 RIO ROYALLE** Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32084 83 R4 65 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition HOWARD, BILLIE J MALE 1.2 NAME **5918 RIO ROYALLE** STREET ADDRESS 1.3 STREET ADDRESS ST AUGUSTINE FL 32084 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE HOWARD, BARBARA R NAME 2.2 NAME **5918 RIO ROYALLE** STREET ADORESS 2.3 STREET ADDRESS ST AUGUSTINE FL 32084 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE HOWARD, RANDI A NAME 3.2 NAME **5918 RIO ROYALLE** STREET ADDRESS 3.3 STREET ADDRESS ST AUGUSTINE FL 32084 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 trusped 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.

SIGNATURE:

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