

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074639 (3)

1. Corporation Name

B & C NEFF ENTERPRISES OF PUNTA GORDA, INC.

100001479931

-05/09/95--01014--016

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

10/05/1994

4. FEI Number ☒ 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt # etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 24 25 Country 28 29 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEFF, CAROLYN A
5749 SWAYING PALM DRIVE
PUNTA GORDA FL 33982

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

NOTE: Registered Agent signature required when reappointing

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME NEFF, BRADLEY H
STREET ADDRESS 5749 SWAYING PALM DRIVE
CITY ST ZIP PUNTA GORDA FL 33982

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

TITLE D
NAME NEFF, CAROLYN A
STREET ADDRESS 5749 SWAYING PALM DRIVE
CITY ST ZIP PUNTA GORDA FL 33982

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
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 report 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 included 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.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 4-26-95 * 625-1200