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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000086411 (3)

DOCUMENT #
1. Corporation Name

B.B.C.G., INC.



Principal Place of Business Mailing Address						I TADATADA ING TODIN FIRM DERIK DUNI DERIK DUTU DETA DUTU BANT RIDUK INDI INDI INDI			
FT. MYERS FL 33901 FT MYE			9280-7 COLLEGE PKW FT MYERS FL 33919	ľΥ					
US						3. Date Incorporated or Qualified 3a. Date	04/26/1	995	
Principal Place of Business 21			2a. Mailing Address 26			4. FE Number 65-0540654		Applied For Not Applicable	
Suite, Apt #, etc.			Surte, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State 23			City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	29	Zip :	30	ıntry	This corporation has liability for intangible ta Florida Statutes Yes No		199.032,	
9. Name and Address of Current Registered Agent COFFMAN, GORDON H 9280-7 COLLEGE PKWY FT MYERS FL 33919					81 Name82 Street Addi83	10. Name and Address of New Registered ress (P.O. Box Number is Not Acceptable)	Agent		
					84 City	FL	85 Z	p Code	
familiar with	, and accept the obligations of, Sections are types or productions of the CERS ANS	on 607.0 ar lithitar	505, Florida Statutes		l Agir I squatur - requise	ro of directors. Thereby accept the appointment as DATE			
NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, GEORGIA G 14552 AERIES WAY CT FT MYERS FL 33912		DELETE				<u>Change</u>	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FOSTER, ROBERT J 14552 AERIES WAY CT FT MYERS FL 33912		□ DECETE	•		[Change	Addit on	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENI, CAROL P 1805 EVEREST PKWY CAPE CORAL FL 33904	٠	☐ DELFTE	3 1 I 3 2 N 3 3 S	ITLE	7	Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D SCHOENI, WILLIAM T 1805 EVEREST PKWY CAPE CORAL FL 33904		DEFELE	4 1 T 4 2 N 4 3 S	1TLF		Change	Add-tion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ D£LĒTĒ	5 1 T 5 2 N 5 3 S	III.ē	(Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ OELETE	6 1 T 6 2 N 6 3 S	IITLF		Change	Addition	

rido inereby cernity that the information suppress with this ining is voluntarily tarnished and does not quality for the exemption stated in Section 1.19 07(s)(k), Florida Statutes. Flurther cert by that the information indicated on this enable legal effect as if made under oath, that I am an officer or director of the consensitions or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 12 if changed, order an affect) nent with an address.

SIGNATURE:

5-1-96 941.989.3880