

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:22

DOCUMENT # P94000087780 (0)

1. Corporation Name

B.B.S. SERVICES, INC.

Principal Place of Business

907 N.W. MAR WALT DRIVE
FORT WALTON BEACH FL 32548

Mailing Address

907 N.W. MAR WALT DRIVE
FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified

12/02/1994

3a. Date of Last Report

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

21 907 N.W. Mar Walt Dr

2b. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 2014

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Ft Walton Beach, Fla.

29 City & State

25 Zip

30 Zip

26 Country

27 Country

28 32548

29 OK/USA

9. Name and Address of Current Registered Agent

SMITH, BILLIE B
907 N.W. MAR WALT DRIVE
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, BILLIE B
STREET ADDRESS 907 N.W. MAR WALT DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE VD
NAME SMITH, JAMES C
STREET ADDRESS 907 N.W. MAR WALT DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE STD
NAME HARPER, GRADY R
STREET ADDRESS ROUTE 1, BOX 204
CITY-ST-ZIP LAUREL HILL FL 32567

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Billie B. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billie B. Smith Feb 22/1995 904-862-2228
Date Signature #