

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000004676 (9)

1. Corporation Name

B & B OFFSHORE, INC.



Principal Place of Business

25 WALTER MARTIN RD NE
FT WALTON BEACH FL 32548

Mailing Address

25 WALTER MARTIN RD NE
FT WALTON BEACH FL 32548

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

GRIMSLEY, JAMES W
25 WALTER MARTIN RD NE
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified

01/19/1995

3a. Date of Last Report

4. FLE Number

59-3302146

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

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 607.0509 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 of the person making this statement (if not applicable)

Signature of Registered Agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

D

GRIMSLEY, E. BENTON
25 WALTER MARTIN RD NE
FT WALTON BEACH FL 32548

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

D

MALL, WILLIAM A
705 GULF SHORE DR UNIT #
DESTIN FL 32541

☐ DELETE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ DELETE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ DELETE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ DELETE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change

☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ Change

☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ Change

☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ Change

☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

☐ Change

☐ Addition

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 119.07(3)(k), 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.

SIGNATURE:

E. Benton Grimsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. BENTON GRIMSLEY, PRESIDENT

904-267-1611

DATE

FILED/PRINTED

CR2E034 (12/95)