FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000011912 (9)

C & B ENTERPRISES CORP. OF MANATEE

FILED Apr 29 1997 8:00am Secretary of State



2010 WHITFIELD PARK LOOP SARASOTA FL 34243 US			2010 WHITFIELD PARK LOOP SARASOTA FL 34243-4006 US							
							3. Date Incorporated or Qualified 02/10/1995 3a. Date of Last Report 05/01/1996			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		A	pplied For
21 Suite, Apt. #, etc.			26				65-0555031 Not Applicable			
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution	Added to Fees		
Zip	Country		Z ip	p Country			8. This corporation has liability for	intangible	tax under s	. 199.032,
24	25	29		30				Yes No		
	9, Name and Address	of Current Regis	stered Agent				10. Name and Address of New Re	gistered A	gent	
	ves, dennis				81	Name				
746 SIESTA KEY CIRCLE			B2 Street Ad			Street Ad	idress (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34242									<u></u> .	
					63					
					84	City			85 Zip	Code
						•		FL	1 1	Ī
11. Pursuant	to the provisions of Section	s 607.0502 and 6	i07,1508, Florid	a Statutes, the	e above	e-named co	rporation submits this statement for the pation's board of directors. I hereby acce	urpose of	changing i	ls registered
agent. I a	im familiar with, and accopt	the obligations o	f, Section 607.0	505. Florida	Statutes	s.	allorrs board or directors, Thereby acce	n the appl	antment as	registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE fingistered Agent signature required when reinstating) DATE										
12.		CERS AND DIREC			3.	on Egnature req	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
TITLE	D		DEI		.1 TiTLE		rissinorist in trace to strice	LITOTATE	Change	Addition
NAME	GRAVES, DENNIS			1	.2 NAME				0-	
STREET ADDRESS	748 SIESTA KEY CIRC	LE	1.3 STREET AD			ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34242			1	.4 CITY - S					
TITLE	D		DEL		.1 1111.0				Change	Addition
NAME	GRAVES, MELENIZE			2	2 NAME				_ •	
STREET ADDRESS	746 SIESTA KEY CIRC	LE		2	.3 STREET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34242			2	4 CITY - 5	S1-ZIP				[
TITLE			DEL		1 TITLE				Change	Addition
NAME				3	2 NAME					
STREET ADDRESS				3	3 STREET	ADDRESS				
CITY-ST-ZIP				3	4. CITY- \$	61 - ZIP				
TITLE			☐ DEL	ETE 4	1 TITLE				Change	☐ Addition
NAME .				4	2 NAME					
STREET ADDRESS				4	3 STREET	ADDRESS				
CITY-ST-ZIP				4	4 CITY-S	1-ZIP				
TITLE			☐ DE L	ETE 5	1 TITLE				Change	☐ Addition
NAME				5	2 NAME					
STREET ADDRESS				5	3 STREET	address				
CITY-ST-ZIP					4 CITY-S	1- <i>2</i> 1P				
TITLE			DEL	ETE 6	1 TITLE				Change	Addition
NAME	1.7.15			6	2 NAME					
STREET ADDRESS	.*			6	3 STREET	ADDRESS				
CITY-ST-ZIP				6	4 CITY - S	T-ZIP				

I do hereby certify that the information supplied with this filing 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 eath; 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.