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PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000045818 (8)

B & L ENTERPRISES OF POLK COUNTY, INC.

Principal Place of Business Mailing Address 88 E LAKEVIEW DR 88 E LAKEVIEW DR HAINES CITY FL 33844 HAINES CITY FL 33844 3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1995 Applied For 2. Principal Place of Business 2a, Mailing Address 59-3322883 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Ζıp Country $Z_{\rm IP}$ Florida Statutes Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) HYDECHUK, LELAND L 82 88 E LAKEVIEW DR 83 HAINES CITY FL 33844 84 City Zip Code 85 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. Thereby ancent the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typical or per technique of registres (la, sin) and the mapple as a though the Agent signed as product of med when mendating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 [] DELFTE 1.1105 Add tion TITLE 1.2 NAME NAME HYDECHUK, LELAND L 1.3 STREET ADORESS STREET ADDRESS 88 E LAKEVIEW DR HAINES CITY FL 33844 1.4 C(TY - ST - Z)P CITY - ST - ZIP ☐ DELETE 2.11111.5 ☐ Change Addition TITLE 2.2 NAME NAME HYDECHUK, BARBARA L STREET ADDRESS 88 E LAKEVIEW DR 2.3 STREET ADDRESS CITY-ST-ZIP HAINES CITY FL 33844 24 CHY ST ZIP ☐ Addition DELETE 3 11/11/16 TITLE NAME 3.2 NAME **3.3 STREET ADDRESS** STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY - ST- ZIP DELETE ☐ Add-tion THILE 4 1 TIT. F NAME. 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.C(1Y+S1, Z)P CHY-ST-ZIP DELETE ☐ Change ☐ Addition 5 1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C-TY - ST - ZIP CITY-ST-ZIP □ DELETE 6 1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual rejort 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 mane appears in Block 12 or Block 13 if changed, or on an attachment with an address.

BARBARA L. HYDECHUK 4/28/44 941-437-4724

CR2E034 (12/95)