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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000088751 (9)

P & B COMPANY OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

May 11 1998 8:00am Secretary of State



390 N, ORANGE AVE., SUITE 1630 ORLANDO FL 32801			390 N. ORANGE AVE., SUITE 1630 ORLANDO FL 32801					
CHEMISTO I E GEOGI		OILS/IIOO I E	CHEMICO IE SZOJI			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	-	
						11/20/1995		
	ace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Ap	oplied For
21		26				59-3350267	No.	ot Applicable
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27	d				Fee Re	quired
City & State)	h 1 '	City & State			6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution L. Added to Fees		
Zip	Country	Žip	Country			8. This corporation owes or has paid the curr		
24	[25]	[29]	torod Agent			Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered /	igent	
	NAURO, ROBERT J			81	ivame			
	N. ORANGE AVE., SUITE 163	0		82 Street Add		Address (P.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32801							
				83				
				84	City		85 Zip (Code
					,	FL		
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 profest name of registered agent and title if applicable (NOTE: Registered Agent signature required when relistating) DATE								
12.		NO DIRECTORS	13		rii sigraidie i	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR	S IN 12
TITLE	D	the state of the s		I TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME	POWERS, JAMES N			NAME			L.J Change	
STREET ADDRESS	120 E. ROBINSON STREET				ADDRESS]
·	ORLANDO FL 32801							
CITY-ST-ZIP TITLE	D ONDARDO PL 32001			I CHY-S' I TITLE	1-ZIP		Change	Addition
NAME	BUONAURO, ROBERT J	ш		NAME				
		E 1000	23 STHEFT ADDRESS		1000100			
STREET ADDRESS	390 N. ORANGE AVE., SUIT ORLANDO FL 32801	E 1030						- 1
CITY-ST-ZIP TITLE	UNLANDO FL 32801	· · · · · · · · · · · · · · · · · · ·		4 CITY-S I TITLE	51 - ZIP		Change	Addition
		Ц					☐ pilanâc	□ wallon
NAME				NAME				
STREET ADDRESS					ADDRESS			-
CITY-ST-ZIP				1. CITY-S	Sr-ZIP		T Change	Addition
TITLE		LJ		TITLE			Change	Modition
NAME				2 NAME				1
STREET ADDRESS		,	43	STREET	ADDRESS			
CITY-ST-ZIP				CITY-S	I - ZIP			
TITLE		LJ	DELETE 51	TITLE			Change	Addition
NAME			5.2	NAME :				- 1
STREET ADDRESS			5.3	STAEET	ADDRESS			
CITY-ST-ZIP			5.4	CITY-S	7 - Z IP			
TITLE			DELETE 61	TITLE			Change	Addition
NAME			62	NAME				j
STREET ADDRESS					ADDRESS			j
CITY-ST-ZIP	\wedge			I DITY-S				
C1.1 DI-EN		. / / \	2 07					

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ic and accurate and that my signature shall have the same legal effect as if made under eath; that I am an awered to solve this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information supplier Indicated on this annual report or supplier officer or director of the corporation Block 12 or Block 13 if changed, or