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FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000093229 (9)

1. Corporation Name

B & B PROPERTIES OF GULF CO., INC.

Principal Place of Business

Mailing Address

HC1 BOX 210
PORT ST. JOE FL 32456

HC1 BOX 210
PORT ST. JOE FL 32456

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1995

4. FEI Number

59-3350515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 8022 CAPE SAN BLAS RD.

Suite, Apt. #, etc.

22 City & State

23 Port St. Joe, FL.

24 32456 25 USA

26 8022 CAPE SAN BLAS RD.

Suite, Apt. #, etc.

27 City & State

28 Port St. Joe, FL.

29 32456 30 USA

9. Name and Address of Current Registered Agent

STEIN, BARBARA A
HC1 BOX 210
PORT ST. JOE FL 32456

10. Name and Address of New Registered Agent

81 Name BARBARA Stein Arendt
82 Street Address (P.O. Box Number is Not Acceptable)
8022 CAPE SAN BLAS RD.
83
84 Port St. Joe FL 85 Zip Code 32456

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 VP ☐ DELETE

NAME ARENDT, WILFRED L

STREET ADDRESS 1914 CUPRESS AVE.

CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE PTS ☐ DELETE

NAME STEIN, BARBARA

STREET ADDRESS 1914 CUPRESS AVE.

CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 Arendt, BARBARA

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 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 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: Barbara Stein Arendt 3-10-98 850-227-1892

CR2E034 (10/97)