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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 05 1997 8:00am
Secretary of State

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B & B II COMPANIES, INC. Principal Place of Business Mailing Address 4702 PARK BLVD 4702 PARK BLVD PINELLAS PARK FL 33781-3532 PINELLAS PARK FL 33685 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUCHANAN, WILL T 4702 PARK BLVD 82 Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 33665 83 Zip Code 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 purified name of registered agent and title. Lapp icable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. □ DELETE VICE PRESIDENT ☐ Change Addition . 1/11/1 1.1 TITLE ikesi Den T GARETT A BETHENOD WILLTI BUCHANIAN 2007 W. DELEON ST. APTI-C TAMPA, FLA. 33606 NAME 1.2 NAME 8085 Hope Menurch. STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-7IP ATLALITA. DELETE THUE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$1-20P 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-SY-ZIP DELETE Change Addition THLE 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-7/P DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-7:P 5.4 CITY-SY-ZIP DELETE Change Addition 101E 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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.

14. 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

SIGNATURE

MALE POR DE PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/12/97

(83)932.8815

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