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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000020144 (7)

B.B'S G.G., INC.

Principal Plac	e of Business	Mading Address		t familiar, the facts dent dans dals dath main have made state aight desired
12702 N. BOULEVARD TAMPA FL 33612  12702 N. BOULEVARD TAMPA FL 33612			•	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				03/04/1996
2. Principal Place of Business 2a. Mailing Address			4. FEI Number Applied For	
21		26		59-3373670 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip <b>24</b>	Country 25	7 <sub>(p)</sub>	Country 30	8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Cur-		1	10. Name and Address of New Registered Agent
wr	OOD, BRADLEY J ESQ.	·····	81 Nan	ne
BOYDSTUN, DABROSKI & LYLE, P.A. 2600 NINTH STREET, N. ST. PETERSBURG FL 33704			<b>82</b> Stre	et Address (P.O. Box Number is Not Acceptable)
			83	
01.	. I ETENODONO I E GOTOT		84 City	85 Zip Code
			1 1 1 1	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or pented name of registers.	agent and title d'appleable AND DIRECTORS	(NOTL_Flegistered Agent signa	hure required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	BLAIR, BRIAN L		1.2 NAME	
STREET ADDRESS	12702 N. BOULEVARD		1.3 STREET ADDRES	ss
CITY - ST - ZIP	TAMPA FL 33612		1.4 CITY-ST-ZIP	
TITLE		DELETE.	2.1 TITLE	Change Additio
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRES	ss
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	ss
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME				
STREET ADDRESS			4. 2 NAME	
City-St-ZiP			4. 2 NAME 4.3 STREET ADDRES	SS
TITLE		_ bleate		
THEE		DELETE	4.3 STREET ADDRES	
NAME			4.3 STREET ADDRES	
			4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Additio
NAME			4.3 STREET ADDRES 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	☐ Change ☐ Addition

14. Thereby 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 suppliemental 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 trusted 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.

61 TITLE 6.2 NAME

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

DELETE

2/20/98

**FILED** 

Mar 12 1998 8:00am

Secretary of State

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813-935-2639