

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED

97 APR 30 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000037664 (5)

1. Corporation Name

BUSINESS BITS N' PIECES OF THE BIG BEND, INC.

Principal Place of Business

**3111-20 MAHAN DR., #118
TALLAHASSEE FL 32308-5511**

Mailing Address

**3111-20 MAHAN DR., #118
TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified

05/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 1210 SOUTH ADAMS ST.

Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE, FL

Zip

24 32301

Country

25 FL

2a. Mailing Address

26 1210 S. ADAMS ST.

Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE FL

Zip

29 32301

Country

30 FL

4. FEI Number

59-3375523

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RAEHN, J. SID
3111-20 MAHAN DR., #118
TALLAHASSEE FL 32308-5511**

10. Name and Address of New Registered Agent

**81 Name FRANKLIN WATSON
82 Street Address (P.O. Box Number is Not Acceptable)
3794 PATCH DRIVE
83
84 City TALLAHASSEE FL 85 Zip Code 32308**

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

Franklin Watson

FRANKLIN WATSON

4/30/97

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	D	<input checked="" type="checkbox"/> DELETE
NAME	RAEHN, J. SID	
STREET ADDRESS	3111-20 MAHAN DR., #118	
CITY-ST-ZIP	TALLAHASSEE FL 32308-5511	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRE	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FELIS S. CARNLEY	
1.3 STREET ADDRESS	106 RIDGELAND ROAD	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANKLIN WATSON	
2.3 STREET ADDRESS	3794 PATCH DRIVE	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	700002168187-2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-05/06/97--01116--007	
4.3 STREET ADDRESS	****165.00 ****165.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: FELIS S. CARNLEY 4/30/97 904-224-2443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)