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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000042929 (5)

1. Corporation Name
BOBS SALES & SERVICES, INC.



Principal Place of Business

% STEPHEN G. WILLIAMS
2650 NE 32ND STREET
LIGHTHOUSE POINT FL 33064-7082

Mailing Address

% STEPHEN G. WILLIAMS
2650 NE 32ND STREET
LIGHTHOUSE POINT FL 33064-7082

3. Date Incorporated or Qualified
05/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 334 NE 7TH AVE

Suite, Apt. #, etc.

22 #1

23 Delray Beach FL

Zip

24 33483

Country

2a. Mailing Address

26 334 NE 7TH AVE

Suite, Apt. #, etc.

27 #1

28 Delray Beach FL

Zip

29 33483

Country

4. FEI Number

65 0682957

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

WILLIAMS, STEPHEN G
2650 N.E. 32ND STREET
LIGHTHOUSE POINT FL 33064-7082

10. Name and Address of New Registered Agent

81 Name Robert A. Ochocki

82 Street Address (P.O. Box Number is Not Acceptable)

334 NE 7TH AVE #1

83

84 City

Delray Beach FL

85 Zip Code

33483

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 office if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert Ochocki 4-24-97

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME OCHOCKI, ROBERT A
STREET ADDRESS 3000 SW 22ND CIRCLE, SUITE 22E2
CITY - ST - ZIP DELRAY BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

334 NE 7TH AVE #1

1.4 CITY - ST - ZIP

Delray Beach FL 33483

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

Date

Daytime Phone #

CP2E034 (9/96)