

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

**FILED**

**Apr 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000071934 (9)**

1. Corporation Name  
**P & B SERVICES, INC.**



Principal Place of Business <b>1641 LAND O LAKES BLVD.                  LUTZ FL 33549</b>	Mailing Address <b>1641 LAND O LAKES BLVD.                  LUTZ FL 33549-2932</b>
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3. Date Incorporated or Qualified <b>08/27/1996</b>	3a. Date of Last Report
4. FEL Number <b>59-3408178</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>1641 Land O Lakes Blvd</b>	2a. Mailing Address <b>1641 Land O Lakes Blvd</b>
22. Suite, Apt. #, etc. <b>Suite 4</b>	27. Suite, Apt. #, etc. <b>Suite 4</b>
23. City & State <b>Lutz, FL</b>	28. City & State <b>Lutz, FL</b>
24. Zip <b>33549</b>	25. Country <b>FL</b>
29. Zip <b>33549</b>	30. Country <b>FL</b>

9. Name and Address of Current Registered Agent <b>STEPHENS, GARY                  18802 3RD ST S.E.                  LUTZ FL 33549</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE <b>President</b>	NAME <b>Gary Stephens</b>	<input type="checkbox"/>
STREET ADDRESS <b>18802 3rd St SE</b>	CITY-ST-ZIP <b>Lutz FL 33549</b>	
TITLE <b>Secretary</b>	NAME <b>Gary Stephens</b>	<input type="checkbox"/>
STREET ADDRESS <b>18802 3rd St SE</b>	CITY-ST-ZIP <b>Lutz FL 33549</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE <b>President</b>	1.2 NAME <b>Gary Stephens</b>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS <b>18802 3rd St SE</b>	1.4 CITY-ST-ZIP <b>Lutz FL 33549</b>		
2.1 TITLE <b>Secretary</b>	2.2 NAME <b>Gary Stephens</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS <b>18802 3rd St SE</b>	2.4 CITY-ST-ZIP <b>Lutz FL 33549</b>		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
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: Gary L Stephens (813) 949-3984  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)