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Apr 14 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 # P96000071934 (9)

1. Corporation Name
P & B SERVICES, INC.

Principal Place of Business
1641 LAND O LAKES BLVD.
LUTZ FL 33549

Mailing Address
1641 LAND O LAKES BLVD.
LUTZ FL 33549-2932



3. Date Incorporated or Qualified
08/27/1996

3a. Date of Last Report

2. Principal Place of Business

21 1641 Land O Lakes Blvd

2a. Mailing Address

26 1641 Land O Lakes Blvd

Suite, Apt. #, etc.

22 Suite 4

Suite, Apt. #, etc.

27 Suite 4

City & State

23 Lutz, FL

City & State

28 Lutz, FL

Zip

24 33549

Country

25 FL

Zip

29 33549

Country

30 FL

4. FEL Number

59-3408178

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

STEPHENS, GARY
18802 3RD ST S.E.
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 by or for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME Gary Stephens
STREET ADDRESS 18802 3rd St SE
CITY-STATE-ZIP Lutz, FL 33549

TITLE Secretary ☐ DELETE

NAME Gayle Stephens
STREET ADDRESS 18802 3rd St SE
CITY-STATE-ZIP Lutz, FL 33549

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition

1.2 NAME Gary Stephens
1.3 STREET ADDRESS 18802 3rd St SE
1.4 CITY-STATE-ZIP Lutz, FL 33549 Same as before

2.1 TITLE Secretary ☐ Change ☐ Addition

2.2 NAME Gayle Stephens
2.3 STREET ADDRESS 18802 3rd St SE
2.4 CITY-STATE-ZIP Lutz, FL 33549 Same as before

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

Gary L Stephens 4797 949-3984

Date

Daytime Phone #

CR2E034 (9/96)