

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000074306 (7)

1. Corporation Name

B & B UNLIMITED, INC.



Principal Place of Business

POST OFFICE BOX 222  
PALM HARBOR FL 34683-0222

Mailing Address

POST OFFICE BOX 222  
PALM HARBOR FL 34683-0222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1996

4. FEI Number

59-3393701

Applied For

Not Applicable

5. Certificate of Status Desired

XXX

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21 210 Arbor Drive E.

Suite, Apt. #, etc.

22

City & State

23 Palm Harbor, FL 34683

Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 1783

Suite, Apt. #, etc.

27

City & State

28 Palm Harbor, FL 34683

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BACON, BETH  
210 ARBOR DRIVE E.  
PALM HARBOR FL 34683

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 607.1501  
office or registered agent, of both, in the State of Florida,  
agent, I am familiar with, and accept the obligations of, the

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
607.0505, Florida Statutes.

Beth Bacon - President

4/30/98

(E. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DE
NAME	BACON, BETH	
STREET ADDRESS	210 ARBOR DRIVE E	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BACON, BRAD	
STREET ADDRESS	210 ARBOR DRIVE E	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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 record 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:

Beth Bacon

4/30/98 8/3-  
387-9050

CR2E034 (10/97)