

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080502

1. Corporation Name

BHB CONSTRUCTION AND DEVELOPMENT, INC.

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90090 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1996

4. FEI Number

65-0702317

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 14912 HORSESHOE TR.

26 Suite, Apt. #, etc.
27 14912 HORSESHOE TR.

23 City & State
WELLINGTON

28 City & State
WELLINGTON

24 Zip Country
33414 FLORIDE

29 Zip Country
33414 FLORIDE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOULIANNE, BERNARD
15970 W STATE ROAD 84 #246
SUNRISE FL 33326

81 Name BOULIANNE BERNARD
82 Street Address (P.O. Box Number is Not Acceptable)
14912 HORSESHOE TRACE
83
84 City WELLINGTON FL 85 Zip Code 33414

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BOULIANNE, BERNARD
STREET ADDRESS 15970 W. STATE ROAD 84 #246
CITY-ST-ZIP SUNRISE FL 33326

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 14912 HORSESHOE TRACE
1.4 CITY-ST-ZIP WELLINGTON FL. 33414

TITLE VPD
NAME LEVESQUE, HELENE
STREET ADDRESS 15970 W. STATE ROAD 84 #246
CITY-ST-ZIP SUNRISE FL 33326

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 14912 HORSESHOE TRACE
2.4 CITY-ST-ZIP WELLINGTON FL. 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/99 792.0303

Date

Daytime Phone #

CR2E034 (1/1/98)