

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90086 003 ***150.00

DOCUMENT # P96000084809

1. Corporation Name

B & S ENTERPRISES OF NORTHWEST FLORIDA, INC.

Principal Place of Business

3059 GULF BREEZE PKWY
GULF BREEZE FL 32561
US

Mailing Address

3059 GULF BREEZE PKWY
GULF BREEZE FL 32561
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1996

4. FEI Number

59-3404524

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.

☐

☐

No

2. Principal Place of Business

21 3101 N Pace Blvd

2a. Mailing Address

26 3073 Gulf Breeze Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Pensacola, FL

City & State

28 Gulf Breeze, FL

Zip

Country

24 32505 25 US

Zip

Country

29 32561 30 US

9. Name and Address of Current Registered Agent

BOULTON, BRENDA
3059 GULF BREEZE PKWY
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

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

3073 Gulf Breeze Pkwy

83

84 City Gulf Breeze

FL

85 Zip Code 32561

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-1-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BOULTON, BRENDA J
STREET ADDRESS 3059 GULF BREEZE PKWY
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ DELETE

NAME STRALEY, VIDA
STREET ADDRESS 3059 GULF BREEZE PKWY
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 3073 Gulf Breeze Pkwy

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3073 Gulf Breeze Pkwy.

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)