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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093931 (9)

C & B SERVICES, INC.

Principal Place of Business

3701 NASSAU Tampa Fl 33		3701 NASSAU STREET TAMPA FL 33607	3701 NASSAU STREET TAMPA FL 33607		DO NOT WOLTE IN TH	10.001.05		
					DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualified			
9 Principal P	lace of Business	2a. Mailing Address		·	11/12/1996 4. FEI Number		oplied For	
21		 -1 "	26			- + -	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		59-3407310		Additional	
22 City & State		27	-1 · · ·		5. Certificate of Status Desired	Fee Required		
23		— ´	1 1		6. Election Campaign Financing	\$5.00 May Be Added to Fees		
Zip	Country	28	Zip Country					
24	25	29	30		· · · · · · · · · · · · · · · · · · ·	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current Registered Agent		130	10. Name and Address of New Registered Agent		110		
W/0			81	Name				
	ODWARD, CARL D 11 NASSAU STREET				(0.000)			
			82	Street A	Address (P.O. Box Number is Not Acceptable)			
IAN	MPA FL 33607		83					
						 _		
			84	City	F	85 Zip (Code	
office or r	egistered agent, or both, in the l	7.0502 and 607.1508, Florida Sta State of Florida. Such change wa obligations of, Section 607.0505,	is authorized by	the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its oppointment as	s registered registered	
SIGNATURE	Signature, typod or printed name of register		_		required when reinslating) DATE	-		
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		S IN 12	
TITLE	CD	DELETE	1.1 TITLE		ALCOHOL NO. IN	Change	Addition	
NAME	WOODWARD, CARL		1.2 NAME		KEUIN CRUMP		• •	
STREET ADDRESS	3701 NASSAU ST		1.3 STREET	ADDRESS	KEVIN CRUMP 4019 W. BORTH & ST			
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST	- ZIP	THMPH PC 33609			
TITLE	D	DELETE			111111111111111111111111111111111111111	Change	Addition	
NAME	MCKEEFRY, BRIAN		2.2 NAME					
STREET ADDRESS	8701 NASSAU ST		2.3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - ST - ZIP					
TITLE		DELETE				Change	☐ Addition	
NAME			3.2 NAME	- [
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - S	1				
TITLE	DELETE		4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	address				
CITY-ST-ZIP			4 4 CITY - ST	- ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	1				
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST					
14. I hereby o	certify that the information suppli	ied with this filing does not qualify	v for the exempt	on state	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the	information	
officer or a		e receiver or trustee empowered t			nature shall have the same legal effect as if made required by Chapter 607, Florida Statutes, and the			

V/5 x198