## 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 # P96000099758

Corporation Name

B&Q PO	OLS, INC,				
Principal Place	e of Business	Mailing Address			
5221 WAUCHULA RD MYAKKA CITY FL 3425 US  5221 WAUCHULA RD MYAKKA CITY FL 34251 US				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 12/03/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0710565	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes the current year	intangible
24	25			Personal Property Tax.	S ∕es □No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	d Agent
			81 Name		
QUINLAN, JOHN V			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
1401 MANATEE AVENUE WEST, SUITE 920					
BRA	DENTON FL 34205		83		
1			84 City		85 Zip Code
				F	L.   _
office or r agent. I a	to the provisions of Sections 607 050 registered agent, or both, in the State im familiar with, and accept the obligation.	of Florida. Such change was aut	honzed by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	or changing its registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable INOTE F	Registered Agent signature requir		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	11 TITLE		Change Addition
NAME	BALDWIN, BRADLEY S		1.2 NAME		
STREET ADDRESS			1 3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-S1-ZIP		Change Addition
TITLE	TS	☐ DELETE	2 1 TITLE		Change Addition
NAME	BALDWIN, KATHLEEN		2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2 4 CITY-S1-ZIP		Change Addition
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>	[_] DELETE	34 CITY-ST-ZIP		Change Addition
TITLE		(") Sere ie	4 : TITLE		
NAME:			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			5: TITLE 52 NAME		
NAME			53 STREET ADDRESS		
STREET ADDRESS			u I		
CITY-ST-ZIP		DELETE	5 4 CITY+ST+ZIP 61 TITLE		Change Addition
TITLE		C DECEIG	62 NAME		الماسين -ودر

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.

6 3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Tune I Julium Brack Daklari Veres 3-12-99 941-713-0918
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90131 022 \*\*\*150.00

CR2E034 (11/98)