


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

FILED
Apr 21 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 # P96000102528 (2) 1. Corporation Name B & G HOMES, INC.						
Principal Place of Business 233 176TH AVE REDINGTON BEACH FL 33708			Mailing Address 233 176TH AVE REDINGTON BEACH FL 33708			
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1996		
21	Suite, Apt. #, etc.	26	189 175 th Terr. DR	4. FEI Number 65-0721342	Applied For Not Applicable	
22	City & State	27	Redington Shores Fl.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	33708	30	US	
9. Name and Address of Current Registered Agent BOESE, JAMES 8711 BLIND PASS RD ST PETE BEACH FL 33708			10. Name and Address of New Registered Agent			
			81	Name		
			82	Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City	85	Zip Code
			FL			
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						
TITLE	D	<input type="checkbox"/> DELETE				
NAME	GOOSTREE, JAMES					
STREET ADDRESS	233 176TH AVE					
CITY - ST - ZIP	REDINGTON SHORES FL 33708					
TITLE	D	<input type="checkbox"/> DELETE				
NAME	BOESE, JAMES					
STREET ADDRESS	8711 BLIND PASS RD					
CITY - ST - ZIP	ST PETE BEACH FL 33708					
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						
<input type="checkbox"/> Change <input type="checkbox"/> Addition						
1.1 TITLE						
1.2 NAME						
1.3 STREET ADDRESS						
1.4 CITY - ST - ZIP						
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME	189 175 th Terr. DR.					
2.3 STREET ADDRESS	Redington Shores Fl. 33708					
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 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.						
SIGNATURE: <u>Beverly Boese</u> (813) 4-14-98 398-3883						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						

CR2E034 (10/97)