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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	P97000001	438
4 6	1 010000	

1. Corporation Name

B&BR	oof and floor trussi	ES, INC.						
Principal Place	e of Business	Mailing Address			****	E IMM IMM'E ISM IMSSE JUMIT MAILT RASEL MASSE MA		00 11101 1811 1891
6440 HWY 77 SOUTHPORT FL 32409 US 6440 HWY 77 SOUTHPORT FL 32409 US					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed]
						01/02/1997		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21	<u> </u>	26				59-3424459		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		نسنهجين	<u>ندوندرو</u>		5-2 Certificate of Status Desired		Additional Required	
City & State	8	City & State				6. Election Campaign Financing	\$5.00	May Be
23 ,		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	ry		This corporation owes the current year Personal Property Tax.	Intangible	Ωπo
24	9. Name and Address of Curre		30		•	10. Name and Address of New Registers		
	3. Name and Address of Care	it registered Agent	8	1	Name			
BARI	NHILL, JAMES B		8	_	Ctus at Adda	ess (P.O. Box Number is Not Acceptable)		-
) HWY 77		l°	2	Street Addit	ess (F.O. Box Number is Not Acceptable)		
SOU	ITHPORT FL 32444		8	3				
			8	4	City	F	■ 85 Zip	Code
								i-tood
office or re agent. I a	to the provisions of Sections 607.03 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was at	uthonzed b	ov tr	he corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as r	registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Ag	Jent s	signature required	d when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
TITLE	PD	☐ DELETE	1.1 TITLE		- 12		Change	Addition
NAME	Barnhill, James		1.2 NAM	E,	-16T			
STREET ADDRESS	1808 TENNESSEE AVE		1.3 STRE	ETA	ADDRESS			
CITY-ST-ZIP	LYNN HAVEN FL 32444		1.4 CiTY	ST-	ZIP			
TITLE	VSTD	☐ DELETE	2.1 TITLE	•	ļ		Change	Addition
NAME	BOGGESS, RENA P		2.2 NAM	E				
STREET ADDRESS	3808 W 19TH ST		2.3 STRE	£ΤΑ	ADDRESS	-	. ~***	
CITY-ST-ZIP	PANAMA CITY FL 32405		2. 4 CITY		-ZIP	<u> </u>	[] Ob	T Addition
TITLE		☐ DELETE	3.1 TITLE				Change	e
NAME			3.2 NAMI					Į
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY	_	-ZiP		[] Change	Addition
TITLE		El pereir	4.1 TATLE				onunge	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			4, 2 NAV		ADDOCCÉ			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	<u> </u>	□ DELETE	4.4 CITY 5.1 TITLE		-217		Change	Addition
TITLE			5.1 NAM					_ "
NAME OTDEET ADDDESS					ADDRESS			
STREET ADDRESS CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
MAME		_	6.2 NAM	E		•	_	
STREET ADDRESS	The same that		6.3 STRE	EETA	ADDRESS			

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.

6.4 CITY+ST-ZIP