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Feb 16, 1999 8:00 am
Secretary of State

02-16-1999 90024 012 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027237

1. Corporation Name

B-HOLDING INVESTMENT INC.



Principal Place of Business
**2404 LEAFDALE CIRCLE SOUTH
JACKSONVILLE FL 32218**

Mailing Address
**2404 LEAFDALE CIRCLE SOUTH
JACKSONVILLE FL 32218**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1997

4. FEI Number

59-3434387

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. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTHEWS, LAMAR T
2404 LEAFDALE CIRCLE SOUTH
JACKSONVILLE FL 32218**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BEECKLER, THOMAS F**
STREET ADDRESS **9428 BAYMEADOWS ROAD, SUITE 112**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DVP** ☐ DELETE
NAME **BAKER, LATRECIA**
STREET ADDRESS **2409 LEAFDALE CR. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ST** ☐ DELETE
NAME **MATTHEWS, LAMAR T**
STREET ADDRESS **2404 LEAFDALE CIRCLE SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DVP** ☐ DELETE
NAME **JACKSON, GELEMA BETZ**
STREET ADDRESS **2404 LEAFDALE CR.S.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DVP** ☐ DELETE
NAME **JACKSON, ARNOLD**
STREET ADDRESS **2404 LEAFDALE CR. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DVP** ☐ DELETE
NAME **BETZ, LAMAR ROBERT**
STREET ADDRESS **2404 LEAFDALE CR. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Helema Betz Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/99
904 751-1508

CR2E034 (1/98)