

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPT 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REIN: \$750).

FILED

Jul 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortl
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027507 (7)
1. Corporation Name
B & B BEACH BUILDERS, INC.

Principal Place of Business
5050 GULF BOULEVARD
ST. PETE BEACH FL 33706

Mailing Address
5050 GULF BOULEVARD
ST. PETE BEACH FL 33706



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

59-3439221

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

Name

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

City

FL

85 Zip Code

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

9. Name and Address of Current Registered Agent

HOFSTRA, PETER T
8840 SEMINOLE BOULEVARD
SEMINOLE FL 33772

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 agent, 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	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	WELCH, WILLIAM M	5050 GULF BOULEVARD	ST. PETE BEACH FL 33706	<input type="checkbox"/>
D	TURNBULL, ROBERT	5050 GULF BOULEVARD	ST. PETE BEACH FL 33706	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WELCH, WILLIAM M. WELCH Pres. 7/14/98 327
367

CR2E034 (5/98)