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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9700040205

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90163 025 ***150.00

B & G C	LEANING SERVICES, INC.											
Principal Place	e of Business	Mailing Address					E Bullus : 11m B 1f1 1	9911 89 111 88		11 04011 0011 0 110	12 P. D. IV. I V. IV. IV. IV. IV. IV. IV. IV. IV. IV. I	181
2333 CALACIUM RD JACKSONVILLE FL 32211		2333 CALADIUM RD JACKSONVILLE FL 32211					DO	NOT WRI	TE IN TH	IIS SPACE		
					ŀ	 3	Date Incorporated or		12 (11)			
	·					•	05/06/1997					ļ
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number			17	Applied For	
21		26			j	ĺ	59-3445150			,	No: Applica	ble
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_	Certificate of Status	Sesired			≠.dditional	.
22		27				J.				Fee I	Required	
City & State		City & State				6.	Election Campaign f	_			0 May Be	
23		28					Trust Fund Contribu				to Fees	
Zip	Country	Zip	Country	,		8.	This corporation owe Personal Property T		ent year	Intangible Yes	□No	
24	9. Name and Address of Currer		30			10	Name and Address		Register			
	9. Name and Address of Corre	it Registered Agent	81	Name	_	10.	Traine and traine					
	es, glenda		82	Stront	A ddroe	se (E	P.O. Box Number is N	ot Accent:	ahle)			
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JACH	KSONVILLE FL 32211		83									
			84	City						. 85 Zij	Code	
	to the provisions of Sections 607.050			′					F	L		
agent. I a	to the provisions of Sections 607 see egistered agent, or bith, in the State m familiar with, and accept the obligation of the state of	ilions of, Section 607.0505, Flori	Registered Age	i.		when r			DATE	·		2
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NAME	JONES, GLENDA	1.2 N		1.2 NAME								
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NAME				TADDRESS								
STREET ADDRESS			0.3 STREE									

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0 (3)(i). Florida Statutes. I further pertify 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 of 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 changer, or for an added ment with an address with all other like empowered.

SIGNATURE: