Applied For Not Applicable \$8.75 Additional

1346

CR2E034 (11/98)

Fee Required \$5.00 May Be

Added to Fees

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED	
DOCUMENT # P9700042768 1 Corporation Name B B INVESTORS OF NORTH LAKELAND, INC. Principal Place of Business Mailing Address 1421 COURT STREET. SUITE B CLEARWATER FL 34616 CLEARWATER FL 34616				99 JUL 19 AM II: II SECHETARY OF STATE TALLAHASSEE FLORIC		
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/12/1997		
Principal Place of Business Suite, Apt. #, etc.	26	Mailing Address Suite, Apt. #, etc.			4. FEI Number 59-3585646 APPLIED FOR 5. Certificate of Status Desired \$8.1	
City & State 23	28 Zip 29		ountry		Election Campaign Financing Trust Fund Contribution This corporation owes the current year intangible Personal Property Tax.	
Name and Address of Current Registered Agent HERSEM, THOMAS G 1421 COURT STREET, SUITE B CLEARWATER FL 34616 11. Pursuent to the provisione of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth.			81	Name Street Ac	10. Name and Address of New Registered Agent ess (P.O. Box Number is Not Acceptable)	
			63 84	City	FL 85	

ETARY ULSTATE HASSEELFLORIDA

Zip Code t for the purpose of changing its registered by accept the appointment as registered TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE PSTD 1.1 TITLE Change Addition GEIGER, WILLIAM Z JR. NAME 12 NAME 12600 S. BELCHER ROAD, 104-C STREET ACCRESS 1.3 STREET ADDRESS CITY-ST-ZIP **LARGO FL 33773** 14 CRY-8T-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE HUE 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-\$1-ZP DELETE TITLE 3.1 TITLE Change Addition NUE 12 NAME STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZP 34. CITY-8T-ZIP TITLE DELETE Change notibbA 🔲 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-5<u>T-ZIP</u> CITY-ST-ZIP TITLE DELETE SITTLE ☐ Change Addition NAME 52 NAME **6.3 STREET ADORESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE TILE Change Addition 6.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 64 CITY-S1-ZP

14. I hereby certify that the information supplied with this filling 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 it made under eath; 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: _

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