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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000073707 (6) DOCUMENT

Z & B ENTERPRISES, INC. Principal Place of Business Mailing Address 223 TAYLOR ST. 223 TAYLOR ST. PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0784459 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOTITZKY, EDWARD L 223 TAYLOR ST. 82 Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA FL 33950 83 84 City Zip Code 85 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 tamiliar 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D/v/ DELETE Change Addition TITLE 1.1 TITLE BUNNER, RONALD G NAME 1.2 NAME 953 LEEDS RD. STREET ADDRESS 1.3 STREET ADDRESS ELKTON MD 21921 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change __ Addition TITI F 2.1 TITLE BÚNNER, MARILYN B NAME 2.2 NAME 953 LEEDS RD. STREET ADDRESS 2.3 STREET ADDRESS **ELKTON MD 21921** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ZIEMER, JEFFREY M NAME 32 NAME 4 N. TOWNVIEW LN. STREET ADDRESS 3.3 STREET ADDRESS NEWARK DE 19711 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME ZIEMER, JOANNE R 4. 2 NAME 4 N. TOWNVIEW LN. STREET ADDRESS 4.3 STREET ADDRESS NEWARK DE 19711 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TATLE Change TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ... Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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.

21R Elizar

(10/97 CR2E034

FILED

Jan 27 1998 8:00am

Secretary of State