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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000087175

1. Corporation Name

B. L. VINCENT, INC.

Mailing Address

Principal Place of Business 33546 CHANCEY ROAD ZEPHYRHILLS FL 33543

33546 CHANCEY ROAD ZEPHYRHILLS FL 33543

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90045 046 ***150.00



					DO NOT WRITE IN TH	IIS SPACE_	
					3. Date Incorporated or Qualifed		
		•			10/08/1997		
2, Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			52-2068957	[I	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired		Additional
22		27		-	5. Certificate of Status Desired	Fee	Required
City & State	e	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28		_	Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Сои	ntry	g. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	
				81 Name			
VINCENT, BERNICE L				82 Street Add	ress (P.O. Box Number is Not Acceptable)	**************************************	<u> </u>
33546 CHANCEY ROAD			62 Street Addr		ess (P.O. Box Number is Not Acceptable)		
ZEPI	HYRHILLS FL 33543			83			
							
				84 City	F	85 Zi	p Code
		2 - 4 007 4500 Fl-14- State	4 401		•	- 1	its registered
11. Pursuant	to the provisions of Sections 607.0503 egistered agent, or both, in the State (2 and 607.1508, Florida Statu of Florida. Such change was a	tes, the ai	pove-named corp I by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as	registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	orida Statı	ites.	• • •		
SIGNATURE							
	Signature, typed or printed name of registered agen			Agent signature require		****	TODG (1) 40
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC Chang	
TITLE \	D	☐ DELETE	1.1 711			C Cuang	e (Tyddigon
NAME	VINCENT, BERNICE L		1.2 NA	ME			
STREET ADDRESS	33546 CHANCEY ROAD		1.3 ST	REET ADDRESS	٠.		
STREET ADDRESS CITY-ST-ZIP	33546 CHANCEY ROAD ZEPHYRHILLS FL 33543			REET ADDRESS TY-ST-ZIP	·.		
ļ		☐ DELETE		TY-ST-ZIP	·•	Chang	e
CITY-ST-ZIP		☐ DELETE	1.4 CF	TY-ST-ZIP	·•	Chang	e Addition
CITY-ST-ZIP		☐ DELETE	1.4 CF 2.1 TF 2.2 NA	TY-ST-ZIP	•	Chang	e
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	1.4 CF 2.1 TM 2.2 NA 2.3 ST	TY-ST-ZIP TLE	•	Chang	e
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.4 CF 2.1 TM 2.2 NA 2.3 ST	TY-ST-ZIP TLE WE REET ADDRESS	•	☐ Chang	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH	TY-ST-ZIP TLE WHE REET ADDRESS TTY-ST-ZIP TLE	•		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			1.4 CF 2.1 TM 2.2 NA 2.3 ST 2.4 CF 3.1 TM 3.2 NA	TY-ST-ZIP TLE UME REET ADDRESS TTY-ST-ZIP TLE	•		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST	TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE MME REET ADDRESS	•		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		OELETE	1.4 CF 2.1 TM 2.2 NA 2.3 ST 2.4 CF 3.1 TM 3.2 NA 3.3 ST 3.4 CF	TY-ST-ZIP TLE WME REET ADDRESS TTY-ST-ZIP TLE WME REET ADDRESS TTY-ST-ZIP		☐ Chang	e ∏ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			1.4 CF 2.1 TM 2.2 NA 2.3 ST 2.4 CF 3.1 TM 3.2 NA 3.3 ST 3.4 CF 4.1 TM	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP			e ∏ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		OELETE	14 CF 2.1 TM 22 NA 2.3 ST 2.4 CF 3.1 TM 3.2 NA 3.3 ST 3.4 CF 4.1 TM	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITT-ST-ZIP TREET ADDRESS ITT-ST-ZIP TLE AME		☐ Chang	e ∏ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF 4.1 TH 4.2 NA 4.3 ST 4.4 CF	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP RE AME REET ADDRESS YY-ST-ZIP		☐ Chang	e Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF 4.1 TH 4.2 NA 4.3 ST 4.4 CF	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP RE REET ADDRESS ITY-ST-ZIP RE REET ADDRESS IY-ST-ZIP REET ADDRESS		☐ Chang	e Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	14 CI 21 TM 22 NA 23 ST 2.4 CI 3.1 TM 32 NA 3.3 ST 3.4 CI 4.1 TM 4.2 NA 4.3 ST 4.4 CI 5.1 TM 5.2 NA 5.3 ST	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP RE AME REET ADDRESS ITY-ST-ZIP RE AME REET AODRESS IY-ST-ZIP RE LE MME		☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	14 CI 21 TM 22 NA 23 ST 2.4 CI 3.1 TM 32 NA 3.3 ST 3.4 CI 4.1 TM 4.2 NA 4.3 ST 4.4 CI 5.1 TM 5.2 NA 5.3 ST	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP RE AME REET ADDRESS ITY-ST-ZIP RE AME REET ADDRESS IY-ST-ZIP RE MAE REET ADDRESS IY-ST-ZIP RE REET ADDRESS IY-ST-ZIP RE REET ADDRESS IY-ST-ZIP		☐ Chang	e Addition e Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	1.4 CI 2.1 TM 2.2 NA 2.3 ST 2.4 CI 3.1 TM 3.2 NA 3.3 ST 3.4 CI 4.1 TM 4.2 NA 4.3 ST 5.1 TM 5.2 NA 5.3 ST 5.4 CI 6.1 TM 6.2 NA	TY-ST-ZIP TLE IME REET ADDRESS ITY-ST-ZIP TLE IME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP TLE IME		☐ Chang	e Addition e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	1.4 CI 2.1 TM 2.2 NA 2.3 ST 2.4 CI 3.1 TM 3.2 NA 3.3 ST 3.4 CI 4.1 TM 4.2 NA 4.3 ST 5.2 NA 5.3 ST 5.4 CI 6.1 TM 6.2 NA 6.3 ST	TY-ST-ZIP TLE IME REET ADDRESS ITY-ST-ZIP TLE IME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP TLE IME IME REET ADDRESS ITY-ST-ZIP TLE IME IME IME IME IME IME IME IME IME I		☐ Chang	e Addition e Addition

4. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. I filintial report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99 813

813-780-7951 Daytime Phone #