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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000098384

1. Corporation Name

B.B. ENTERPRISES OF TAMPA BAY, INC.



Principal Place of Business 2110 DREW STREET SUITE #220 CLEARWATER FL 33765	Mailing Address 2110 DREW STREET SUITE #220 CLEARWATER FL 33765
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1998

4. FEI Number

59-3541971

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23. City & State

24. Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27. City & State

28. Zip Country

9. Name and Address of Current Registered Agent

**WILLS, WENDY L
2700 GULF BLVD. #3
INDIAN ROCKS BEACH FL 33785**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Wendy L. Wills **WENDY L. WILLS, PRESIDENT**

2-26-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	PD
NAME	WILLS, WENDY L
STREET ADDRESS	2700 GULF BLVD. #3
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785

TITLE	VPD
NAME	ALESSI, LOUE
STREET ADDRESS	1329 LOTUS PATH
CITY-ST-ZIP	CLEARWATER FL 33756

TITLE	SD
NAME	MURRAY, THOMAS E
STREET ADDRESS	2110 DREW ST., STE. #220
CITY-ST-ZIP	CLEARWATER FL 33765

TITLE	TD
NAME	CONDON, TIMOTHY T
STREET ADDRESS	2110 DREW ST., STE. #220
CITY-ST-ZIP	CLEARWATER FL 33765

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

Wendy L. Wills

WENDY L. WILLS, PRESIDENT

1/31/99

727-446-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)