

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PM 3:42

DOCUMENT # **S56172** (7)

1. Corporation Name  
**BBB SALES, INC.**

Principal Place of Business Mailing Address  
**241 CYPRESS LN** **241 CYPRESS LN**  
**OLDSMAR FL 34677-2129** **OLDSMAR FL 34677-2129**  
**US** **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/28/1991** 3a. Date of Last Report **04/05/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **295 PETREA DR.** 26 **295 PETREA DR.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State  
**PALM HARBOR, FL** **PALM HARBOR, FL**

24 **34684-3437** 25 **USA** 28 **34684-3437** 30 **USA**

4. FEI Number **59-3066996** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BEAVERS, WILLIAM R.**  
**241 CYPRESS LN**  
**OLDSMAR FL 34677**

10. Name and Address of New Registered Agent  
81 Name **WILLIAM R. BEAVERS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**295 PETREA DR.**  
83  
84 City **PALM HARBOR** FL 85 Zip Code **34684-3437**

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 *William R. Beavers*

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>
NAME	<b>BEAVERS, WILLIAM R.</b>
STREET ADDRESS	<b>241 CYPRESS LN</b>
CITY, ST, ZIP	<b>OLDSMAR FL</b>
TITLE	<b>PD</b>
NAME	<b>BRENDEL, DONALD C.</b>
STREET ADDRESS	<b>241 CYPRESS LN</b>
CITY, ST, ZIP	<b>OLDSMAR FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>VICE PRESIDENT DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>BEAVERS, WILLIAM R.</b>
13 STREET ADDRESS	<b>295 PETREA DR.</b>
14 CITY, ST, ZIP	<b>PALM HARBOR, FL 34684-3437</b>
21 TITLE	<b>PRESIDENT DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>BRENDEL, DONALD C.</b>
23 STREET ADDRESS	<b>295 PETREA DR.</b>
24 CITY, ST, ZIP	<b>PALM HARBOR, FL 34684-3437</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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.

SIGNATURE: *William R. Beavers*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**4/1/95** (813) 789-4656  
Date (Typed Name)