FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 3:32

DOCUMENT # S88209 (9)

1. Corporation Name
B & B DEVELOPMENT OF SOUTH WALTON, INC.

Principal Place of Business
P.O. BOX 4767
SEASIDE FL 32459

Mailing Address
~~P.O. BOX 4767~~
~~SEASIDE FL 32459~~
3001 Windsor Way
Tallahassee, FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1991
3a. Date of Last Report: 10/11/1994
4. FEI Number: 59-3090641 — 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 3001 Windsor Way
27 Suite, Apt. #, etc.
28 City & State: Tallahassee, FL
29 Zip: 32312 ~~FL~~
30 Country: Leon

9. Name and Address of Current Registered Agent
~~BOWMAN, VICTOR S~~
~~204 W. RUSKIN PLACE~~
~~SEASIDE FL 32459~~

10. Name and Address of New Registered Agent
81 Name: Donald C. Beeckler, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 2038 Chimney Swift Hollow
83 Tallahassee
84 City: Florida FL
85 Zip Code: 32312

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 [signature] 3/22/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1 1 TITLE	~~D~~ ☑ Change ☐ Addition
NAME	~~GINN, WILLIAM T~~	1 2 NAME	~~Donald C. Beeckler, M.D.~~ Delete
STREET ADDRESS	~~4990 VALLO VISTA CT~~	1 3 STREET ADDRESS	
CITY ST ZIP	~~ALTANTA GA~~	1 4 CITY ST ZIP	
TITLE	~~D~~	2 1 TITLE	☑ Change ☐ Addition
NAME	~~BOWMAN, VICTOR S~~	2 2 NAME	Delete
STREET ADDRESS	~~P.O. BOX 4877 TA CT~~	2 3 STREET ADDRESS	
CITY ST ZIP	~~SEASIDE FL~~	2 4 CITY ST ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	CLEMONS, ROY	3 2 NAME	
STREET ADDRESS	721 MIRACLE STRIO PKWY	3 3 STREET ADDRESS	
CITY ST ZIP	FT WALTON BCH FL	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	SACHS, LOUIS S	4 2 NAME	
STREET ADDRESS	275 E 201 STREET	4 3 STREET ADDRESS	
CITY ST ZIP	BRONX NY	4 4 CITY ST ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	BEECKLER, DONALD C	5 2 NAME	
STREET ADDRESS	2038 CHIMNEY SWIFT DR	5 3 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE, FL	5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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 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.

SIGNATURE: [signature] 3/22/95 904-386-2568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032202 CP