

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V51964** (7)

1. Corporation Name

BBS BEACHCOMBER CORPORATION



Principal Place of Business

Mailing Address

% THEA FREDRICKSON
17101 FRONT BEACH ROAD
PANAMA CITY FL 32413

% THEA FREDRICKSON
17101 FRONT BEACH ROAD
PANAMA CITY FL 32413

2. Principal Place of Business

21 **17101 FRONT BEACH RD.**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **PANAMA CITY BEACH**

City & State

28 **FLORIDA 32413**

Zip

24 **32413**

Country

25 **U.S.A.**

Zip

29 **32413**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

FREDRICKSON, THEA
1023 BARRACUDA
P.O. BOX 27389 (N/A)
PANAMA CITY FL 32411

3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

02/03/1995

4. FEI Number

59-1329418

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

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

(Sign in the space provided for the registered agent or the officer or director.)

(If the registered agent is a corporation, the signature of the president or other officer is required.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	FREDRICKSON, THEA	
STREET ADDRESS	1023 BARRACUDA - P.O. BOX 27389 (N/A)	
CITY-STATE-ZIP	PANAMA CITY FL 32411	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

Thea A. Fredrickson

THEA A. FREDRICKSON

1/31/96 904/234-3394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)