

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V54856**

(2)

1. Corporation Name
B.T.L.B., INC.



Principal Place of Business

**700 FRENCH CREEK LN
FT PIERCE FL 34982**

Mailing Address

**700 FRENCH CREEK LN
FT PIERCE FL 34982**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

City & State

30

9. Name and Address of Current Registered Agent

**TAYLOR, JAMES A., SR.
700 FRENCH CREEK LN
FT PIERCE FL 34982**

3. Date Incorporated or Qualified

08/04/1992

3a. Date of Last Report

04/19/1995

4. FEI Number

65-0350739

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 607.0802 and 607.1502, 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 of person who is authorized to file this report

Date of Signature (Month/Day/Year)

Date

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

**D
TAYLOR, JAMES A., SR.
700 FRENCH CREEK LN
FT PIERCE FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

**D
TAYLOR, PATRICIA K.
700 FRENCH CREEK LN
FT PIERCE FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

**D
BECKFORD, LEROY
12805 S INDIAN RIVER DR
JENSEN BEACH FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

**D
BECKFORD, DONNA L.
12805 S INDIAN RIVER DR
JENSEN BEACH FL**

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

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(b), 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 present 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:

DONNA L. BECKFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

407/229-8575

CR2E034 (12/95)