

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 # **832848** (6)

1. Corporation Name
B E & K, INC.



Principal Place of Business: **2000 INTERNATIONAL PARK DRIVE, P. O. BOX 2332, BIRMINGHAM AL 35243 US**
Mailing Address: **C/O TAX DEPT, P.O. BOX 2332, N/A, BIRMINGHAM AL 35201-2332 US**

3. Date Incorporated or Qualified: **08/09/1974**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **63-0627338**
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 (21-23) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM, INC., 1201 HAYS STREET, SUITE 105, TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ (Date: _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: GOODRICH, T.M. STREET ADDRESS: 3320 DELL RD CITY-ST-ZIP: BIRMINGHAM AL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: GARRICK, FREDERICK E. STREET ADDRESS: 2320 FOX GLEN CIRCLE CITY-ST-ZIP: BIRMINGHAM AL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CD NAME: KENNEDY, T C STREET ADDRESS: 4472 CLAIRMONT AVE. CITY-ST-ZIP: BIRMINGHAM AL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: SMITH, CLYDE M. STREET ADDRESS: 1589 FAIRWAY VIEW DR CITY-ST-ZIP: BIRMINGHAM AL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MCCARTY, JOSEPH S., JR. STREET ADDRESS: 704 LEXINGTON RD CITY-ST-ZIP: BIRMINGHAM AL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **J. S. McCarty** (Signature: *J. S. McCarty*)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4/25/96** (205) 972-6000
Docket Phone #

CR2E034 (12/95)