## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

(904) 241-1700

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J04373

(3)

BEACHES POWER EQUIPMENT SALES & SERVICE, INC.

Principal Place of Business Mailing Address							r annten heet nates afhan titet sanks se	IN MINST DINE	Arbit Albii Ali	DII DIBII HOBI
C/O LAWRENCE R. PATTERSON 3010 S. THIRD STREET, SUITE A JACKSONVILLE BEACH FL 32250			C/O LAWRENCE R. PATTERSON 3010 S. THIRD STREET, SUITE A JACKSONVILLE BEACH FL 322506073							
							3. Date Incorporated or Qualified 03/17/1986	3a. Date of Last Report 05/01/1996		
2. Principal Pia	ce of Business	h1	Mailing Address				4. FEI Number			oplied For
			Suna Act # etc				59-2650136			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
2 City & State			City & State				6. Election Campaign Financing			May Be
3		28	•				Trust Fund Contribution			to Fees
Zip	Country		Zip	Cou	ıntry		8. This corporation has liability for i	intangible t	ax under s	. 199.032,
4	25	29		30				Yes [	<del></del>	,
	9. Name and Address of Current	Regi	stered Agent		27		10. Name and Address of New Re	gistered A	gent	
	TERSON, LAWRENCE R.				81	Name				
	) S. THIRD STREET				82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
SUN					83					<u></u>
JAU	KSONVILLE BEACH FL 32250				03					
					84	City		FL	<b>85</b> Zip	Code
11 Directoral to	the provisions of Sections 697 0503	and 4	607 1508 Florida Statu	ites the a	bow.	a named cor	poration submits this statement for the p		hanging l	ts registered
office or rec	gistered agent or both, in the State of familiar with, and accept the obligation	of Flori	ida. Such change was	authorize	d by	the corpora	tion's board of directors. I hereby accep	ot the appo	intment as	registered
•	namiliar with, and accept the obliga	HU15 C	or, section cortosos, r	TOTICIA SIA	tutes	<b>.</b>				
SIGNATURE	parture, typed or proted name of registered agen	of and tite	e if applicable (NC	OTE: Registere	d Age	ent signature requ	red when reinstating)	DATE		
12.	OFFICERS AND	DIRE	CTOR\$	13,			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
f:fl.E	DP	•	☐ DELETE	1.1 T	TLE			,	Change	Addition
NAME	GIZOWSKI, CHARLES			1.2 N	AME					
STREET ADDRESS	120 ABACO WAY			1.3 S	THEET	ADDRESS				
CHY-S1-ZiF	PONTE VEDRA BCH. FL	,	- Delete			ST-ZIP				A station of
Tittle	st Gizowski, Phyllis M.		☐ DELETE	211				ļ	Change	Addition
NAME:	120 ABACO WAY			22 N						
STREET ADDRESS	PONTE VEDRA BCH. FL			1		ADDRESS				
CIDY-ST Zar TallE	TOTAL YEDIA DOT! TE		DELETE	2 4 C		ST-ZiP		* p.	Change	Addition
NAME				32 N				, ,		
STREET ADDRESS						ADDRESS				
CITY - \$1 - ZIP						ST-ZIP				
Till:6			DELETE	4.17					Change	Addition
NAME				4.21	NAME.					
STREET ADDRESS				4.3 S	TREET	r address				
CITY-S1-ZIP				4.4 0	ITY-5	ST-ZIP				
TITLE			DELETE	5.1 T	TLE				i Change	Addition
NAMe				5.2 N						
STREET ADDRESS						T ADDRESS				
CHY+\$1+70°			Driete		_	ST-ZIP			Change	Addition
TIME			[] DELETE	6,1 1					Ollange	T Vacition
NAV!				6.2 N		LADODECA				
STREET ADDRESS						T ADDRESS				
14. Ldo hereb	certify that the information sumplier	j with t	this filing does not our	alify for the	exe	ST-ZIP   emption state	od in Section 119.07(3)(i), Florida Statute	s. I further	certify that	t the
ir formation Lam an off	indicated on this annual report or si	uppler the re-	nental annual report is ceiver or trustee empo	s true and owered to	acci	urate and tha	at my signature shall have the same lega ort as required by Chapter 607, Florida s	al ellect as	il made ur	nder oath, that