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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K56498

(4)

BEARD HÖLDING COMPANY, INC.

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**FILED** 

Feb 06 1998 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address							
PO BOX 355	nie de name mare	PO BOX 355							
PINELLAS PA	RK FL 34664-7355	PINELLAS PARK FL :	34664-7355		DO NOT WRITE IN	THIS SPACE	Ε		
					3. Date Incorporated or Qualified				٦
					01/09/1989				
2. Principal P	lace of Business	2a, Mailing Address			4, FEI Number		TADI	olied For	┨
21		26			59-2925086	-		Applicable	-
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	- \$8.75 Additional			
22 #		27			5. Certificate of Status Desired Fee Required				
City & State	9	City & State			6. Election Campaign Financing	\$1	5.00	May Ro	1
23		28			Trust Fund Contribution	☐ Added to Fees			
Zip	- Country	Zip	Zip Country		8. This corporation owes or has paid th				1
24	25	29	30		Personal Properly Tax due June 30.	Yes		No	
	g, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	ered Agent			ĺ
BE	ARD, JAMES		8	Name	•				
13891 75TH AVE N			8	2 Stroot Add	treet Address (P.O. Box Number is Not Acceptable)				
	MINOLE FL 34648		*	2 Sileer Add	eet Address (11.0. Box Number is Not Acceptable)				1
·			8	3		***************************************			1
			Ļ	<u> </u>				<del></del>	4
			8	4 City		FL  85	Zip C	000	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida St.	atutes, the abo	-L ve-named cor			ging its	registered	1
office or n	egistered agent, or both, in the Sta m familiar with, and accept the ob-	te of Florida. Such change with the strong of Section 607 0505	as authorized l Florida Statut	by the corpora	poration submits this statement for the purporation's board of directors. I hereby accept the	appointme	ant as r	egistered	İ
	The fill and accept the con	ganoris oi; coolisii sorioogs	, rionda otalidi						
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable	(NOTE: Registered A	gent signature requ	ired when reinstaling) Do	ATE			١
12,	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS	IN 12	Įģ
TITLE	DP	☐ DELETE	1.1 TITLE			CI	nange	Addition	]{
Name	<b>B</b> EARD, JAMES A.		1.2 NAMI						15
STREET ADDRESS	13891 75TH AVE N		1.3 STRE	ET ADDRESS					ŀ
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY	ST-ZIP					Į
TITLE	DV	DELETE	2.1 TITLE			CI	nange	Addition	73
NAME .	BEARD, SHELLEY A		2.2 NAMI	: {					
STREET ADDRESS	13891 75TH AVE N		2.3 STRE	ET ADDRESS	•				
CITY-ST-ZIP	SEMINOLE FL		2. 4 CITY	- \$1 - ZIP					
TITLE		DELETE	3.1 TITLE			Ct	iange	Addition	1
NAME			3.2 NAMI						
STREET ADDRESS			3.3 STRE	FT ADDRESS					
CITY-ST-ZIP			3.4. CITY	-ST-ZIP					
TITLE		DELETE	4.1 TITLE			□ CH	ange	Addition	1
NAME			4. 2 NAM	ξ					
STREET ADDRESS			4.3 STREE	ET ADDRESS					
CITY - ST - ZIP			4.4 CITY	·ST-ZIP					
TITLE		DELETE	5.1 TITLE	~		Cr	nange	Addition	1
NAME			5.2 NAME						
STREET ADDRESS				T ADORESS					
CITY-ST-ZIP			5.4 CITY-						İ
TITLE		DELETE	6.1 TITLE			☐ Ch	iange	Addition	1
NAME			6.2 NAME				-		1
STREET ADDRESS				T ADDRESS					1
*************************									1
CITY-ST-ZIP			6.4 CITY	91-11P	0	- 24 - 24	- 4 1		4

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

813 541-2565