2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000137902

1. Entity Name
BEVINS CONSTRUCTION INC

FILED
04 OCT -4 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2063 BEVINS-BIDDLE RD
BONIFAY, FL 32425

Mailing Address
P O BOX 760
GENEVA, AL 36340

06302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		2063 Bevins-Biddle Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Bonifay FL	
Zip	Country	Zip 32425	Country Holmes

4. FEI Number 20-0403164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLENBURG, LISA N
1136 ENGLISH LANE
WESTVILLE, FL 32464

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BEVINS, BERRY E		NAME		
STREET ADDRESS	2063 BEVINS BIDDLE RD		STREET ADDRESS	100041582411	
CITY-ST-ZIP	BONIFAY, FL 32425		CITY-ST-ZIP	10/04/04--01078--004 **150.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elmer Bevins 9/29/04 8505485118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUST GOT THIS NOTICE. DID NOT RECEIVE ANY BEFORE.