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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90156 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V14680

1. Corporation Name

BECK, SPALLA, & BARRIOS, P.A.



Principal Place of Business

1026 EAST PARK AVENUE
TALLAHASSEE FL 32301
US

Mailing Address

1026 E PARK AVE
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1992

4. FEI Number

59-3114857

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2846-A Remington Green Circle

Suite, Apt. #, etc.

22

City & State

23 Tallahassee, FL

Zip

24 32308

Country

25 USA

2a. Mailing Address

27 same

Suite, Apt. #, etc.

28

City & State

29 Tallahassee, FL

Zip

30 32308

Country

31

9. Name and Address of Current Registered Agent

BARRIOS, J. VICTOR
1026 E PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

2846-A Remington Green Circle

83

84 City

Tallahassee

FL

85 Zip Code

32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 28, 1999

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JOHN H. BECK
STREET ADDRESS 342 HAWKS VIEW LANE
CITY-ST-ZIP TALLAHASSEE FL

TITLE O ☐ DELETE

NAME A.J. JIM SPALLA
STREET ADDRESS 340 TRESMOTT DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE O ☐ DELETE

NAME J. VICTOR BARRIOS
STREET ADDRESS 2485 OX BOTTOM DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)