

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 123126 (5)

1. Corporation Name

I. BEVERLY NALLE INC.



Principal Place of Business

115 E. FORSYTH STREET
JACKSONVILLE FL 32202

Mailing Address

115 E. FORSYTH STREET
JACKSONVILLE FL 32202

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/01/1930

3a. Date of Last Report

04/12/1995

4. FET Number

59-0372260

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 has liability for intangible tax under s. 199.032
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ROGERS, CHARLES W. (JR.)
115 E. FORSYTH STREET
JACKSONVILLE FL 32202

81 Name

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

83

84 City

FL 85 Zip Code

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 of Registered Agent)

(Print Name of Registered Agent)

Date

12. OFFICERS AND DIRECTORS

11 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROGERS, CHARLES W. (JR.)
115 E. FORSYTH STREET
JACKSONVILLE FL

DELETE

12 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MALMBERG, HAROLD G.
115 E. FORSYTH STREET
JACKSONVILLE FL

DELETE

13 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PASCHAL, LINDA ROGERS
115 E. FORSYTH STREET
JACKSONVILLE FL

DELETE

14 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

15 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

16 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

6-4-96

1-904-554-5596