:COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90034 026 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

)OCUMENT # 123126
Corporation Name
I. BEVERLY NALLE INC.

Principal Place of Business	Mailing Address
; E. FORSYTH STREET :KSONVILLE FL 32202	115 E. FORSYTH STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/01/1930	
		4. FEI Number 59-0372260	Applied For / ✓ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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.

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
: PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
: ROGERS, CHARLES W. (JR.)		1.2 NAME	
ET ADDRESS 115 E. FORSYTH STREET		1.3 STREET ADDRESS	
ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP	
VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
: MALMBERG, HAROLD G.		2.2 NAME	
ET ADDRESS 115 E. FORSYTH STREET		2.3 STREET ADDRESS	
ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP	
S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
PASCHAL, LINDA ROGERS		3.2 NAME	
ET ADDRESS 115 E. FORSYTH STREET		3.3 STREET ADDRESS	
ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP	
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	
T ADDRESS		4.3 STREET ADDRESS	
T-ZIP		4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
T ADDRESS		5.3 STREET ADDRESS	
T-ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
T ADDRESS		6.3 STREET ADDRESS	
T-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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 ndicated 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 n 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 Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE: Linda Rogers Paschal 7-1-99 904-354-5596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #