

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **227061** (9)
1. Corporation Name
BEACON SALES CORPORATION

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 5905 MACY ST. P O BOX 8664 JACKSONVILLE, FLORIDA 32211 | 5905 MACY ST. P O BOX 8664 JACKSONVILLE, FLORIDA 32211 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/15/1959 | 3a. Date of Last Report 04/21/1994 |
| 4. FEI Number 59-0881828 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 25 |
| Zip | Country |
| 29 | 30 |

9. Name and Address of Current Registered Agent

MULLINS, ROY L JR
5905 MACY ST.
JACKSONVILLE, FLORIDA FL 32211

10. Name and Address of New Registered Agent

| |
|---|
| B1 Name |
| B2 Street Address (P.O. Box Number is Not Acceptable) |
| B3 |
| B4 City |
| FL B5 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------|
| TITLE | C |
| NAME | WORKS, DON JR |
| STREET ADDRESS | 21 COMPASS LANE BAY COL |
| CITY-ST-ZIP | FT LAUDERDALE, FL 00000 |
| TITLE | PT |
| NAME | MULLINS, ROY L JR |
| STREET ADDRESS | 3848 HERMITAGE RD |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 |
| TITLE | V |
| NAME | TAYLOR, CHARLES L |
| STREET ADDRESS | 9482 WEXFORD RD |
| CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | V |
| NAME | MULLINS, MICHAEL D |
| STREET ADDRESS | 12514 MASTERS RIDGE DR |
| CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | S |
| NAME | HADDOCK, MARLENE |
| STREET ADDRESS | 13 BONITA DR |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | P |
| 2.3 STREET ADDRESS | 12514 MASTERS RIDGE DR. |
| 2.4 CITY-ST-ZIP | JACKSONVILLE, FL 32225 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 7925 'MERRILL' RD, #1214 |
| 4.4 CITY-ST-ZIP | JACKSONVILLE, FL 32277 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | V/T |
| 6.3 STREET ADDRESS | NANCY D. MULLINS |
| 6.4 CITY-ST-ZIP | 5905 MACY AVE. JACKSONVILLE, FL 32211 |

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: _____ (Name) _____ (Type in Title)