

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



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

3. Date Incorporated or Qualified: **08/15/1959**  
3a. Date of Last Report: **03/16/1995**  
4. FEI Number: **59-0881828**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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

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 below) \_\_\_\_\_ (Typed Name)  
DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WORKS, DON JR</b>		1.2 NAME		
STREET ADDRESS	<b>21 COMPASS LANE BAY COL</b>		1.3 STREET ADDRESS		
CITY - ST - ZIP	<b>FT LAUDERDALE, FL 00000</b>		1.4 CITY - ST - ZIP		
TITLE	<b>PT</b>	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLINS, ROY L. JR</b>		2.2 NAME		
STREET ADDRESS	<b>1254 MASTERS RIDGE DR</b>		2.3 STREET ADDRESS	<b>12514 MASTERS RIDGE DR.</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>		2.4 CITY - ST - ZIP	<b>32225</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, CHARLES L</b>		3.2 NAME		
STREET ADDRESS	<b>9482 WEXFORD RD</b>		3.3 STREET ADDRESS		
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>		3.4 CITY - ST - ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLINS, MICHAEL D</b>		4.2 NAME		
STREET ADDRESS	<b>7925 MERRILL RD, 1214</b>		4.3 STREET ADDRESS		
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>		4.4 CITY - ST - ZIP	<b>32277</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HADDOCK, MARLENE</b>		5.2 NAME		
STREET ADDRESS	<b>13 BONITA DR</b>		5.3 STREET ADDRESS		
CITY - ST - ZIP	<b>PONTE VEDRA BEACH FL</b>		5.4 CITY - ST - ZIP	<b>32082</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE	6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NANCY D MULLINS</b>		6.2 NAME		
STREET ADDRESS	<b>5905 MACY AVE</b>		6.3 STREET ADDRESS		
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>		6.4 CITY - ST - ZIP	<b>32211</b>	

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

SIGNATURE: *Marlene Haddock* **4/19/96** **904-743-9770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (12/95)