

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/15/1959		03/16/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FET Number		Applied For	
22		27		59-0881828		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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			
				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 typed or printed below of signing officer or director

(If filer is Registered Agent Signature required when filing change)

DATE

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

4/19/96

904-743-9770

Date

Daytime Phone #

CR2E034 (12/95)