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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 227061

1. Corporation Name

BEACON CONTRACTING GROUP, INCORPORATED

Principal Place of Business

5905 MACY AVE
P O BOX 8664
JACKSONVILLE, FLORIDA 32211
US

Mailing Address

5905 MACY AVE
P O BOX 8664
JACKSONVILLE, FLORIDA 32211
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1959

4. FEI Number

59-0881828

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

81 Name

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

83 5905 MACY AVE

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME MULLINS, ROY L JR
STREET ADDRESS 12514 MASTERS RIDGE DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☒ DELETE

NAME TAYLOR, CHARLES L
STREET ADDRESS 8102 LOCH LOMOND LN
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE VD ☐ DELETE

NAME MULLINS, MICHAEL D
STREET ADDRESS 7925 MERRILL RD, 1214
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE

NAME HADDOCK, MARLENE
STREET ADDRESS 13 BONITA DR
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE VTD ☐ DELETE

NAME NANCY D MULLINS
STREET ADDRESS 1982 SEVILLA BLVD W
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE D ☐ DELETE

NAME MULLINS, JULIENNE D.
STREET ADDRESS 12514 MASTERS RIDGE DR.
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32225

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

218 OAKLEAF DR
STATESBORO, GA 30458

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

32225

14. I 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 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, with all other like empowered.

SIGNATURE:

NANCY D MULLINS
PRES

4/19/99

904-743-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)