Feb 24, 1999 8:00 am Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

7 11 11 10	1999 DIVISION OF CORPORATIONS			02-24-1999 90011 028 ***150.00	
DOCUMENT # 399844 1. Corporation Name LARRY-H-BEATY, INC					
Dringing Diag	o of Business	Mailing Address			
1717 S MILLS AVE ORLANDO FL 32806-2328 1717 S MILLS AVE ORLANDO FL 32806-2328					
01121190 12 0	2000 2020				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 04/24/1972
O Oringinal D	lace of Business	2a. Mailing Address			4. FEI Number Applied For
Z. Principar P	lace of business	26. Walling Address			59-1396099 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$9.7E A Military I
22	, oto	27			5. Certificate of Status Desired Fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	1	This corporation owes the current year Intangible
24	25	29 30	<u>)</u>		Personal Property Tax.
	Name and Address of	Current Registered Agent	81		10. Name and Address of New Registered Agent
DEA.	TV I ADDV LI		81	Name	
BEATY,LARRY H 1717 S MILLS AVE			82	Street A	ddress (P.O. Box Number is Not Acceptable)
ORLANDO FL			83	ļ	
VIIG	ANDO I L		00		
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 6	607.0502 and 607.1508, Florida Statutes,	the abov	e-named c	orporation submits this statement for the purpose of changing its registered
office or r	edistered agent or hoth in thi	e State of Florida. Such change was auth e obligations of, Section 607.0505, Florida	urizeu by	THE CUIDOR	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE		•			
SIGNATURE	Signature, typed or printed name of regis			nt signature rec	quired when reinstating) DATE DATE
12.		ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD AND N	☐ DELETE	1.1 TITLE		[] Ondrigo
NAME	BEATY, JANE N		1.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	ORLANDO FL VD	□ DELETE	1.4 CITY-5 2.1 TITLE	31-ZIP	Address correction □ Addition
TITLE	BEATY, CLINTON B		2.2 NAME		
NAME STREET ADDRESS	ANALAMONOTED DD			T ADDRESS	_1222 Lancaster Drive
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BEATY, LARRY H		3.2 NAME		
STREET ADDRESS	4747 A 1411 LA 11/2		3.3 STREE	TADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4, CITY-	ST-ZIP ·	
TITLE	D	☐ DELETE	4.1 TITLE		Address Correction □ Addition
NAME	CRAIG, JOHN W		4. 2 NAME		
STREET ADDRESS			4	TADDRESS	1000 Lenmore Court
CITY-ST-ZIP	ORMOND BEACH FL	El Bellete	4.4 CITY-5	ST-ZIP	Orlando, FL
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		☐ varianda ☐ varianon
NAME				T ADDRESS	
STREET ADDRESS			5.4 CITY-S		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE NAME		und Dietere	6.2 NAME		
			_		

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS