SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **446847** **(6)**

1. Corporation Name
BEAN, INC.

Principal Place of Business
100 SOUTH MATANZAS BLVD.
ST AUGUSTINE FL 32084

Mailing Address
100 SOUTH MATANZAS BLVD.
ST AUGUSTINE FL 32084

3. Date Incorporated or Qualified: **02/25/1974**
3a. Date of Last Report: **04/04/1995**

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

4. FEI Number: **59-1534630** ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent
BEAN (DAVID J.)
413 ARRICOLA AVE.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent
81 Name: David J. Bean
82 Street Address (P.O. Box Number is Not Acceptable): 100 South Matanzas Blvd.
83 St. Augustine, FL 32084
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: David J. Bean
Signature, typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent signature required when name is changed) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BEAN, DAVID J	
STREET ADDRESS	100 SO. MATANZAS BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VP	☐ DELETE
NAME	BEAN, DAVID S	
STREET ADDRESS	413 ARRICOLA AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	ST	☐ DELETE
NAME	BEAN, CONSTANCE C	
STREET ADDRESS	100 SO. MATANZAS BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
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		

CR2E034 (3/96)

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

SIGNATURE: David J. Bean — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 904-829-3170 Daytime Phone #