FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:03

DOCUMENT # **488942** **(4)**

1. Corporation Name
BECKER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4320 COLONIAL BLVD. FORT MYERS FL 33912	4320 COLONIAL BLVD. FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/04/1975	03/29/1994

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

4. FEI Number: 59-1639513 ☐ 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	10. Name and Address of New Registered Agent
BECKER, JOHN BURTON 18164 DEEP PASSAGE LANE FT. MYERS BCH FL 33931	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 _____ TITLE, Registered Agent (signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BECKER, JOHN BURTON	12 NAME	
STREET ADDRESS	18164 DEEP PASSAGE LANE	13 STREET ADDRESS	
CITY ST ZIP	FT. MYERS BCH FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	BECKER, WILLIAM B.	22 NAME	
STREET ADDRESS	4320 COLONIAL BLVD	23 STREET ADDRESS	NO LONGER OFFICER OR DIRECTOR
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	OF CORPORATION
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	BECKER, JOHN B JR	32 NAME	
STREET ADDRESS	218 SW 13TH STREET	33 STREET ADDRESS	NO LONGER OFFICER OR DIRECTOR
CITY ST ZIP	CAPE CORAL FL	34 CITY ST ZIP	OF CORPORATION
TITLE	V	41 TITLE	VD ☒ Change ☐ Addition
NAME	HARVEY JR, LOUIS F	42 NAME	HARVEY, JR, LOUIS F
STREET ADDRESS	5711 JACKSON RD	43 STREET ADDRESS	5411 BAHAMAS ROAD
CITY ST ZIP	FT MYERS, FL 00000	44 CITY ST ZIP	FORT MYERS, FL 33912
TITLE	STD	51 TITLE	☐ Change ☐ Addition
NAME	BECKER, PATRICIA ANN	52 NAME	
STREET ADDRESS	18164 DEEP PASSAGE LANE	53 STREET ADDRESS	
CITY ST ZIP	FT. MYERS BCH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 above, or on an attachment with an address.

SIGNATURE: Patricia Ann Becker 1-11-95 813 936-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia Ann Becker

0322014 CP