

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 # 496016 (7)

1. Corporation Name

C. BOB BEALE COMPANY, INC.



Principal Place of Business

1000 HOOVER RD  
P.O. DRAWER 7206  
WINTER HAVEN FL 33883

Mailing Address

1000 HOOVER RD  
P.O. DRAWER 7206  
WINTER HAVEN FL 33883

3. Date Incorporated or Qualified  
01/21/1976

3a. Date of Last Report  
03/08/1995

2. Principal Place of Business

21 1000 HOOVER ROAD

Suite, Apt. #, etc.

22

City & State

23 WINTER HAVEN FL

Zip

24 33884

Country

25 POLK

2a. Mailing Address

26 1000 HOOVER ROAD

Suite, Apt. #, etc.

27

City & State

28 WINTER HAVEN FL

Zip

29 33884

Country

30 POLK

4. FEI Number

59-1642306

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

BEALE, C. R.  
1000 HOOVER ROAD  
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

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 name of registered agent and Florida Statutes

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD  
BEALE, C. ROBERT  
1114 CYPRESS POINT WEST  
WINTER HAVEN FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V  
BEALE, DAN L.  
4209 THOMASWOOD LANE  
WINTER HAVEN FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

ST  
HULSEY, ANNIE RUTH  
3142 HIGHWAY 27 S.  
LAKE WALES FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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)(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:

*Annie Ruth Hulsey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ANNIE RUTH HULSEY, SECRETARY/TREAS.

04-11-96

(941) 325-8300

Date:

Telephone:

CR2E034 (12/95)