

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90034 018 ***550.00

DOCUMENT # **557538**

Corporation Name

BEASLEY REALTY COMPANY



Principal Place of Business

**1009 SIXTH ST N W
WINTER HAVEN FL 33881**

Mailing Address

**1009 SIXTH ST N W
WINTER HAVEN FL 33881**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1978

Principal Place of Business

2a. Mailing Address

26

4. FEI Number

59-1794749

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

25

Zip

Country

30

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEASLEY, WILLIAM R.
1009 SIXTH STREET, N.W.
WINTER HAVEN FL 33880**

81 Name

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

83

84 City

FL

85 Zip Code

I, 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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE ☐ DELETE
ME **D**
REET ADDRESS **BEASLEY, ROY W**
Y-ST-ZIP **430 AVE K N E**
WINTER HAVEN FL 33881

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

☐ Change ☐ Addition

LE ☐ DELETE
ME **DVS**
REET ADDRESS **BEASLEY, WILLIAM R**
Y-ST-ZIP **1846 FIFTH ST., S.E.**
WINTER HAVEN FL 33880

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

☐ Change ☐ Addition

LE ☐ DELETE
ME **TP**
REET ADDRESS **BEASLEY, WILLIAM R**
Y-ST-ZIP **1846 FIFTH ST., S.E.**
WINTER HAVEN FL 33880

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

☐ Change ☐ Addition

LE ☐ DELETE
ME **D**
REET ADDRESS **BEASLEY, EMILY A**
Y-ST-ZIP **430 AVE K N E**
WINTER HAVEN FL

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

☐ Change ☐ Addition

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

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

☐ Change ☐ Addition

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

William R. Beasley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)