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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 596645

(2)

Mailing Address

EUGENE H. BEACH ARCHITECT, INC.

FILED Feb 25 1997 8:00am Secretary of State



B14 LUTZ LAKE LUTZ FL 33549		LUTZ FL 3354		₩.					
PHON/FAX 813-949-8116						3. Date incorporated or Qualified 12/07/1978	3a. Date of Last R 08/12/1996	leport	
2. Principal Pla	ace of Business	2a. Mailing Ad	dress			4. FEI Number	Ar	oplied For	
21		26				59-1856957	No	ot Applicable	
Suite, Apt	#, etc.	Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	d S8.75 Additional Fee Required		
City & State	}	City & Sta	te			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	P*****	to Fees	
Zip				Country	/	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30			30	Florida Statutes Yes No				
9. Name and Address of Current Registered Agent				T		10. Name and Address of New Registered Agent			
DEA	CH ELIGENE H			81	Name				
BEACH, EUGENE H									
814 LUTZ LAKE FERN ROAD Lutz Fl 33549				82		dress (P.O. Box Number is Not Acceptab	le)		
PHON/FAX 813-949-8116				83	1			\ .	
רהנ	M/FAX 813-949-	8116		84	City		FL 85 Zip	Code	
11. Pursuant t office or re agent. Lar	o the provisions of Sections 607.0 egistered agent, or both, in the St in familiar with, and accept the ob	0502 and 607.1508, Fl tate of Florida. Such of oligations of, Section 6	orida Statute narige was a 07.0505, Flo	es, the above outhorized by rida Statute	re-named cor y the corpora s.	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing in the appointment as	ts registered registered	
SIGNATURE	Signature Typed or proved neare of highstered	Lucyard and Attle Compliants	(N/OTS	Designed As	not along to room	ulred when reinstating)	DATE		
12.		AND DIRECTORS	MOTE	13.	er ir siğilatora radı	ADDITIONS/CHANGES TO OFFIC		S IN 12	
TIFLE	PTR		DELETE	1.1 TITLE		ADDITIONO/ORIANGES TO OFFICE	Change	Addition	
· · · · · · · · · · · · · · · · · · ·		i i	Decer				La Chango		
, name	BEACH, EUGENE H			1.2 NAME				[2	
STREET ADDRESS	814 LUTZ LAKE FERN ROA	NU .		1.3 STREE	T ADDRESS			یّا	
CITY - ST - ZIP	LUTZ FL 33549			1.4 CITY -	ST-ZIP			<u></u>	
TITLE	. \$	L	DELETE	2.1 TITLE	ļ		Change	Addition C	
NAME	renaud, Richard J			2.2 NAME					
\$TREET ADORESS	6727-1ST AVENUE S., #20	1		2.3 STREE	T ADDRESS				
C(1Y+S1-ZIP	ST. PETERSBURG FL 3370	7		2. 4 CITY-	-ST-ZIP			1	
TITLE			DELETE	3.1 TITLE			Change	Addition	
NAME				3.2 NAME	ļ			1	
STREET ADDRESS				3.3 STREE	T ADDRESS			Ì	
CITY-ST-ZIP				3.4. CITY -				1	
TITLE			DELETE	4.1 TITLE			☐ Change	Addition	
NAME		•	-	4. 2 NAME	. 1				
				1					
STREET ADURESS	l				T ADDRESS			1	
CITY - ST - ZIP			DELETE	4.4 CITY-	SI-ZIP		Change	Addition	
1884		L.	DELETE	5 1 TITLE	İ		L.J Change	L AQUICON	
NAME:				52 NAME	1				
STREET ADDRESS				53 STREE	T ADDRESS			ļ	
CHY-SI-Z#		,		54 CiTY-	ST-ZIP		····		
TITLE			DELETE	61 TITLE			☐ Change	☐ Addition	
NAME:				6.2 NAME	·			}	
STREET ADDRESS				6.3 STREE	T ADDRESS			1	
1 ""					1				

6.4 CITY-51-2IP

14. I do 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 in bowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

NATIONE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE H. BEACH. PTR FEB. 20,1997