

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90004 025 ***150.00

DOCUMENT # 606857

1. Corporation Name

BEACH SELF SERVE, INC.

Principal Place of Business

**4060 N TAMiami TRAIL
NAPLES FL 33940**

Mailing Address

**4060 N TAMiami TRAIL
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1979

4. FEI Number

59-1895043

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4060 N. TAMiami TRAIL

2a. Mailing Address

26 4060 N. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES, FL

City & State

28 NAPLES, FL

Zip Country

24 34103

Zip Country

29 34103

30

9. Name and Address of Current Registered Agent

**COLEMAN, JAMES G
278 RIDGE DR
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name

COLEMAN, JAMES G

82 Street Address (P.O. Box Numbers Not Acceptable)

278 RIDGE DRIVE

83

84 City

NAPLES

FL

85 Zip Code

34108

11. Pursuant to the provisions of Sections 607.0505 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: **X**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME COLEMAN, JAMES G
STREET ADDRESS 278 RIDGE DRIVE
CITY-ST-ZIP NAPLES, FL 00000**

TITLE ☐ DELETE

**SD
NAME COLEMAN, RAMONA G
STREET ADDRESS 278 RIDGE DRIVE
CITY-ST-ZIP NAPLES, FL 00000**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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

**PD
1.2 NAME COLEMAN, JAMES G
1.3 STREET ADDRESS 278 RIDGE DRIVE
1.4 CITY-ST-ZIP NAPLES, FL 34108**

2.1 TITLE ☒ Change ☐ Addition

**SD
2.2 NAME COLEMAN, RAMONA G
2.3 STREET ADDRESS 278 RIDGE DRIVE
2.4 CITY-ST-ZIP NAPLES, FL 34108**

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**

14. 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, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)