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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 626000

(4)

1. Corporation Name

BENTLEY'S SYSTEM, INC.

Principal Place of Business

~~2003 FEROL LANE~~
LYNN HAVEN FL 32444

Mailing Address

~~2003 FEROL LANE~~
LYNN HAVEN FL 32444-3213

3. Date Incorporated or Qualified

06/14/1979

3a. Date of Last Report

02/01/1996

2. Principal Place of Business

21 237 Pine Ridge Drive

Suite, Apt. #, etc.

22 Panama City, FL

23 Panama City, FL

24 32405

25

2a. Mailing Address

26 237 Pine Ridge Dr.

Suite, Apt. #, etc.

27 Panama City, FL

28 Panama City, FL

29 32405

30

4. FEI Number

59-1918651

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

BROWN, C. DOUGLAS
~~2003 FEROL LANE~~
~~LYNN HAVEN FL 32444~~

10. Name and Address of New Registered Agent

81 Name

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

237 Pine Ridge Drive

83

84 City

Panama City

FL

85 Zip Code

32405

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 type: registered agent, director, officer, or other (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, C. DOUGLAS
STREET ADDRESS ~~2003 FEROL LANE~~
CITY-ST-ZIP LYNN HAVEN FL

TITLE STD
NAME BROWN, HONORINE D.
STREET ADDRESS ~~2003 FEROL LANE~~
CITY-ST-ZIP LYNN HAVEN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 237 Pine Ridge Drive
1.4 CITY-ST-ZIP Panama City, FL 32405

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

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

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

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

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

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 included 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:

C. Douglas Brown (C. Douglas Brown) 3/12/97 769-0960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (9/96)