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

DOCUMENT # 698961

1. Corporation Name

BEAUMONT & BROWN DEVELOPMENT, INC.

Principal Plac	e of Business	Mailing Address				1 (680)		i imilim Kilan fimi	MINIT DIMIL AINLY BIRN	
3231 S.E. ST. LUCIE BLVD. P.O. BOX 1756 PORT SALERNO FL 34992 PORT SALERNO FL 34992-176						DO NOT WRITE IN THIS SPACE				
					13	. Date Incorp	porated or Qu	alifed		
						08/12/19	981			
2. Principal P	Place of Business	2a. Mailing Address			4	I. 'FEI Numbe			L A	pplied For
21		¹ 26				59-2106	<u>433 </u>		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	. Certifcate d	of Status Des	ired 🗆	* * * * * *	Additional
22		27							Fee R	equired
City & Stat	e	City & State		-	`.6	S.=Election Ca	mpaign Fina	ncing		May Be
23		28	*_			Trust Fund	Contribution		Added	to Fees
Zip	Country	Zip	Countr	у	8	3. This corpor	ration owes t	ne current ye	ar Intangible	_
24	25	29	30				roperty Tax.		Yes	ZS No
	9. Name and Address of Curre	nt Registered Agent			10). Name and	Address of	New Regist	tered Agent	
BEAUMONT, ANTHONY D.				1 Name	BEA	EAUMONT, ANTHONY D.				
1689 SW CROSSINGS CIR				82 Street Address (P.O. Box Number is Not Acceptable)					-	
PALM CITY FL 34990				3303 FAIRWAY Drive					ne vou	TH
PAU	M CHT FL 34990		8:	3			,			
			8	4 City	TUPI	res		•	FL 85 Zip	Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations are supported to the obligations of the obligations are supported by the obligations are supported to the obligations are supported by the ob	of Florida, Such change was au	thorized b	v the como	corporation	on submits th	is statement tors. I hereb	for the purpo accept the	ese of changing it appointment as r	s registered egistered
SIGNATURE	-/	ANT		SEA ord signature	UMB	~ 5-		4	-14-99	
	Signature, page of printed name of registered age	 :: : : : : : : : : : : : : : : : :		ent signature i	equired when		/CUANCES	DA	RS AND DIRECT	ODS IN 12
12.	OFFICERS AF	ND DIRECTORS	13.		-	ADDITIONS	CHANGES	TO OFFICE	Change	Addition
TITLE	\	O OCCETE			D		ATU.	d lin		
NAME	BEAUMONT, ANTHONY D		1.2 NAME		BEAV	1~043,	ANIMO	61.W A	HTM	
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CITY-ST-ZIP	PALM CITY FL 34990	O DELETE	1.4 CITY-		JUP	iter	<u>- ()</u>	24 / 1	Change	Addition
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NAME			2.2 NAME						•	Ì
STREET ADORESS				ET ADDRESS	ļ					
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NAME			3.2 NAME		1					
STREET ADDRESS				ET ADDRESS					•	
CITY-ST-ZIP			3.4. CITY-		ļ				F7 05	☐ Addition
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NAME			4. 2 NAME							
STREET ADDRESS			4.3 STRE	ET ADDRESS	1					`
CITY-ST-ZIP			4.4 CITY-	ST-ZIP						

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.

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Change

☐ Addition

☐ Addition

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90061 026 ***150.00