

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 732320 (7)

95 JAN 27 PM 3: 55

1. Corporation Name  
BEF, INC.

Principal Place of Business  
420 BAY AVENUE  
CLEARWATER FL 34616

Mailing Address  
420 BAY AVENUE  
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1975  
3a. Date of Last Report 01/26/1994

4. FEI Number 23-7439469  
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYMOND, J PAUL  
400 CLEVELAND STREET  
CLEARWATER FL 34615

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DU TERROIL, JERRY G.  
STREET ADDRESS 1100 NE LOOP 410 801  
CITY-ST-ZIP SAN ANTONIO TX

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

TITLE VD  
NAME HEBERLING, LARYN D.  
STREET ADDRESS 420 BAY AVE  
CITY-ST-ZIP CLEARWATER FL

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

TITLE ~~S~~  
NAME ~~VERTUGGI, AUDREY~~  
STREET ADDRESS ~~1100 NE LOOP 410 #801~~  
CITY-ST-ZIP ~~SAN ANTONIO TX~~

3.1 TITLE  Change  Addition  
3.2 NAME S  
3.3 STREET ADDRESS DUNN, CONNIE A.  
3.4 CITY-ST-ZIP 420 BAY AVENUE  
CLEARWATER, FL.

TITLE ~~D~~  
NAME ~~HOMES, JANE~~  
STREET ADDRESS ~~1400 GULF BLVD. #209~~  
CITY-ST-ZIP ~~CLEARWATER FL~~

4.1 TITLE  Change  Addition  
4.2 NAME D  
4.3 STREET ADDRESS PHILLIPS HOMES, JANE  
4.4 CITY-ST-ZIP 1400 GULF BLVD. #209  
CLEARWATER, FL.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

LARYN D. HEBERLING

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Laryn D. Heberling*

1/18/95

813-445-4700

Daytime (Area 1)