

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **830650** (8)

1. Corporation Name
HONEY BEE'S OF VIRGINIA, INC.



Principal Place of Business: **501 S HIGHWAY 27, P.O. BOX 1956, LAKE WALES FL 33853 US**
Mailing Address: **2545 SO. CRATER RD., P.O. BOX 1956, PETERSBURG VA 23805-2407**

3. Date Incorporated or Qualified: **08/13/1973**
3a. Date of Last Report: **08/25/1995**
4. FEI Number: **54-0929480**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**WEAVER, JAMES M.
240 PARK AVENUE
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

Pursuant to the provisions of Sections 607.0507 and 607.1501, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	SKORDAS, THOMAS K.	
STREET ADDRESS	1327 COVINGTON AVENUE	
CITY - ST - ZIP	COLONIAL HEIGHTS VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKORDAS, CHRIS	
STREET ADDRESS	108 HOLLYBERRY LANE	
CITY - ST - ZIP	PRINCE GEORGE VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	SKORDAS, THOMAS K.	
13. STREET ADDRESS	P.O. Box 1956, 2545 S. SO. CRATER Rd.	
14. CITY - ST - ZIP	PETERSBURG, VA 23805	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
41. TITLE	500001831585	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS	-05/21/96--01040--003	
44. CITY - ST - ZIP	***200.00	
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas K. Skordas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (804) 541-1800
Date: (804) 732-9040
Type the Phone #

CR2E034 (12/95)