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Apr 09 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 # F06778

(7)

1. Corporation Name

BECKERT, PRICE AND ROWSE, PROFESSIONAL ASSOCIATION



Principal Place of Business

137 5TH STREET N W  
POB 9087  
WINTER HAVEN FL 33883

Mailing Address

137 5TH STREET N W  
POB 9087  
WINTER HAVEN FL 33883-9087

2. Principal Place of Business

21 525 Pope Ave N.W.

Suite, Apt. #, etc.

22 City & State

23 Zip

33881

Country

24

2a. Mailing Address

26 P.O. Box 9087

Suite, Apt. #, etc.

27 City & State

28 Zip

33883

Country

29

30

3. Date Incorporated or Qualified

11/03/1980

3a. Date of Last Report

04/09/1996

4. FEI Number

59-2035495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

BECKERT, HOWARD M JR  
137 FIFTH ST N W  
WINTER HAVEN FL 33883

10. Name and Address of New Registered Agent

81 Name

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

525 Pope Ave, N.W.

83

84 City

FL

85 Zip Code

33881

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE

NAME PRICE, R GARY  
STREET ADDRESS 135 FIFTH ST. NW  
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE DP ☐ DELETE

NAME BECKERT JR, HOWARD M  
STREET ADDRESS 1326 L OTIS DR N  
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE DT ☐ DELETE

NAME ROWSE, WILLIAM A JR  
STREET ADDRESS 404 LAKE SHORE DRIVE  
CITY-ST-ZIP POLK CITY FL

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

1.2 NAME

1.3 STREET ADDRESS 525 Pope Ave. N.W.

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0395363

CR2E034 (9/96)