FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

VALLEE, JERRY E.

ST. PETERSBURG FL 33710

-7970 N-24 AVE. -STE 300---

23

24



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # F22071

BEACH AIRPORT TRANSPORT SERVICE, INC.

Principal Place of Business	Mailing Address		
5201 GULF BLVD. ST PETERSBURG FL 33706	5201 GULF BLVD. ST PETERSBURG FL 33706		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22			

5. Certifcate of Status Desired
City & State
6. Election Campaign Financing

City & State

City & State

28

Zip Country Zip Country

25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

3. Date Incorporated or Qualifed

Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

03/05/1981

59-2076123

4. FEI Number

83 5201 GIVE BLUD

84 City ST. PETE BEACH

85 Zip Code 3 3 7 06

Applied For

\$8.75 Additional

\$5.00 May Be

Added to Fees

□No

Not Applicable

FILED

Secretary of State

03-02-1999 90198 024 ***150.00

DO NOT WRITE IN THIS SPACE

Mar 02, 1999 8:00 am

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.

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: Regi	istered Agent signature rec	quired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS	1	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSD DEL	ETE	1.1 TITLE		☐ Change	☐ Addition		
NAME	VALLEE, CAROL		1.2 NAME			j		
STREET ADDRESS	7970 24 AVE NO.	1	1.3 STREET ADDRESS					
CITY-ST-ZIP	ST PETE FL	J	14 CITY-ST-ZIP					
TITLE	PDT DEL	ETE	2.1 TITLE		☐ Change	☐ Addition		
NAME	VALLEE, JERRY	1	2.2 NAME					
STREET ADDRESS	7970 24 AVE NO.	l	2.3 STREET ADDRESS			}		
CITY-ST-ZIP	ST PETE FL		2. 4 CITY-ST-ZIP		<u>, , , , , , , , , , , , , , , , , , , </u>	i		
TITLE	☐ DEL	LETE	3.1 TITLE		☐ Change	Addition		
NAME		ŀ	3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS			ļ		
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE	☐ DEL	LETE	4.1 TITLE		Change	☐ Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP			·		
TITLE	□ DEt	LETE	5.1 TITLE	•	☐ Change	☐ Addition		
NAME		1	5.2 NAME					
STREET ADDRESS		ŀ	5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY- ST- ZIP					
TITLE	DEI	LETE	6.1 TITLE		Change	☐ Addition		
NAME		j	6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS			Ì		
CITY-ST-ZIP			6.4 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.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

7273609232

Daytime Phone

R2E034 (11/98)