PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F59586

CHARLES BEAN, CONSTRUCTION, INC.

| | | | | | - 1 | | | | |
|--|---|---|---------------------------|--------------|----------------------------|-----------------------------------|-------------------|-------------------------|--------------|
| Principal Place of Business Mailing Address | | | | | | 1 1601100 1101 WILLE 16161 BHUI 1 | ALIA BILL MIDIT O | ABAN MUMAN MANAN DA | |
| 3112 WEST LAMBRIGHT STREET | | 3112 WEST LAMBRIGHT STREET | | | | | | | |
| TAMPA FL 33614 | | TAMPA FL 33614 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | - : | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 12/23/1981 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | cm. | | - 1 | 4. FEI Number | | | plied For |
| 21 | | 20 | | | | <u>59-2162171</u> | | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | ! | 5. Certifcate of Status Desired | | \$8.75 A Fee Red | |
| City & Stat | | 27 LUTZ, FL City & State | | | - | 6. Election Campaign Financing | | \$5.00 | |
| 23 | . c | 28 33549-5892 | | | - ' | Trust Fund Contribution | | · Added to | |
| Zip | Country | Zip | Country | | | This corporation owes the cur | rent year Inta | angible | |
| 24 | 25 | 29 30 | Hill | sboro | | Personal Property Tax. | | | □No |
| | 9. Name and Address of Current | 0. Name and Address of New | Registered A | Agent | | | | | |
| Name | | | | | TENTAN | N. DENNIS C. | | | |
| BEAN, DENNIS C. | | | 82 | | Address | (P.O. Box Number is Not Accept | able) | | |
| 3112 W. LAMBRIGHT TAMPA FL 33614 | | | 83 | | 1810 | 03 N. 30 ST | | | |
| IMMEN FL 33014 | | | 83 | | LUTZ | . FL 33549-5892 | | | |
| | | | 84 | City | | | FL | 85 Zip C | ode |
| 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 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 reagent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. | | | | | | | | registered | |
| office or r agent. I a | egistered agent, or both, in the State of m familiar with, and accept the obligati | f Floring Such change was auth ions of Section 607.0505, Florida | orized by a Statutes. | the corpo | oration's | board of directors. I hereby acce | pt the appoir | ıtment as reg | jistered |
| SIGNATURE | Almus C. | | gistered Agent | signatura ra | routed who | r reinstating) | DATE | 2/1/99 | |
| 12. | Signature, typed or printed name of registered agent OFFICERS ANI | | 13. | signature | Admed #1101 | ADDITIONS/CHANGES TO OF | | | R\$ IN 12 |
| TITLE | VP STREET | ☐ DELETE | 1.1 TITLE | $ \top$ | VP | | | Change | Addition |
| NAME | BEAN, CHARLES W. | | 1.2 NAME | | ÆΑ | N, CHARLES WW | | | |
| STREET ADDRESS | 3112 W. LAMBRIGHT ST | | 1.3 STREET | ADDRESS | 181 | .03 N. 30th ST | | | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-ST | -ZIP | LUT | Z, FL 33549-5892 | | | |
| TITLE | ST | ☐ DELETE | 2.1 TITLE | | ST | | | (X) Change | ☐ Addition |
| NAME | BEAN, MARGARET M. | | 2.2 NAME | | | N, MARGARET M. | | | |
| STREET ADDRESS | | | 2.3 STREET | - 1 | | .03 N. 30th ST | | | |
| CITY-ST-ZIP | TAMPA FL | ☐ DELETE | 2.4 CITY-S 3.1 TITLE | T-ZIP | | Z, FL 33549-5892 | | ∏ Change | Addition |
| TITLE | P PEAN DENNIC C | | 3.1 MILE | | P | | | 40 | |
| NAME | BEAN, DENNIS C. 3112 W. LAMBRIGHT ST | | 3.3 STREET | ADDRESS | | IN, DENNIS C. | | | ĺ |
| STREET ADDRESS | TAMPA FL | | 3.4. CITY-S | | | .03 N. 30th ST Z. FL 33549 | | | } |
| CITY-ST-ZIP TITLE | TAMIATE | ☐ DELETE | 4.1 TITLE | | <u>ا لائنا</u> | .4. , E 11)))*** | | Change | ☐ Addition |
| NAME | | | 4, 2 NAME | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST | -ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | • | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | • | | } |
| STREET ADDRESS | | | 5.3 STREET 5.4 CITY-ST | - 1 | | | | | ļ |
| CITY-ST-ZIP TITLE | | □ DELETE | 6.1 TITLE | - 217 | | . | | ☐ Change | Addition |
| TITLE | ı | <u> </u> | | | | | | | - \ |

CITY-ST-ZIP 14. 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

Margaret M. Bean

813-909-0925

2/1/99

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90031 044 ***150.00