

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 1:41

DOCUMENT # **F94000004738 (0)**

1. Corporation Name

BEAVER SCHABERG ASSOCIATES, INC.

Principal Place of Business

3620 INGLESIDE RD.
SHAKER HTS. OH 44122

Mailing Address

3620 INGLESIDE RD.
SHAKER HTS. OH 44122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1994

3a. Date of Last Report

INITIAL

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

25 SAME AS ABOVE

4. FEI Number

34-1687932

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

CRISMAN, THOMAS L
UNIVERSITY OF FLORIDA
A.P. BLACK HALL
GAINESVILLE FL 32611

10. Name and Address of New Registered Agent

81 Name

SAME

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

THOMAS L. CRISMAN

SAME

4-1-95

(Signature, typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

BEAVER, JOHN R

STREET ADDRESS

3620 INGLESIDE RD.

CITY, ST, ZIP

SHAKER HTS OH

TITLE

S

NAME

SCHABERG, BETH A

STREET ADDRESS

3524 TOLLAND RD.

CITY, ST, ZIP

SHAKER HTS OH

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

SECRETARY

☐ Change

☒ Addition

12 NAME

SAME

13 STREET ADDRESS

↓

14 CITY, ST, ZIP

21 TITLE

DELETE - NO LONGER

☒ Change

☐ Addition

22 NAME

STOCKHOLDER

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

☐ Change

☐ 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 does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemented 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 this 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 of this filing, or on an attachment with an address.

SIGNATURE:

J. R. Beaver JOHN BEAVER

4-1-95 (216) 921-4767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature Number 8