FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F97390** **(1)**

1. Corporation Name

R.W. BEATY RESTAURANT EQUIPMENT & SUPPLIES COMPA NY

Principal Place of Business	Mailing Address
4318 NW 13TH STREET **% 4322 N.W. 13TH ST.** **GAINESVILLE FL 32609**	**4318 NW 13TH STREET** **C/O 4322 NW 13TH ST.** **GAINESVILLE FL 32609** **US**

3. Date Incorporated or Qualified: **08/30/1982**	3a. Date of Last Report: **03/22/1995**
4. FEI Number: **59-2213326**	☐ Applied For ☐ Not Applicable
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	2a. Mailing Address
21	26
Street Address	Street Address
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

BEATY, ELIZABETH
4322 NW 13TH ST
GAINSVILLE FL 32609

10. Name and Address of New Registered Agent

81	Name
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 607.1605, 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 Registered Agent Signature Required When Filing _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
Title	V	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BEATY, JAMES		12 NAME		
STREET ADDRESS	3658 NW 39TH PL		13 STREET ADDRESS		
CITY, ST, ZIP	GAINSVILLE FL		14 CITY, ST, ZIP		
TITLE	PTD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BEATY, ELIZABETH		22 NAME		
STREET ADDRESS	4322 NW 13TH ST		23 STREET ADDRESS		
CITY, ST, ZIP	GAINSVILLE FL		24 CITY, ST, ZIP		
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BEATY, CONNIE		32 NAME		
STREET ADDRESS	3658 NW 39TH PL		33 STREET ADDRESS		
CITY, ST, ZIP	GAINSVILLE FL		34 CITY, ST, ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY, ST, ZIP			44 CITY, ST, ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY, ST, ZIP			54 CITY, ST, ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY, ST, ZIP			64 CITY, ST, ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: C. Beaty V.P. James C. Beaty V.P. 2/4/96 352-376-5939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)