

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F97390

1. Entity Name
**R.W. BEATY RESTAURANT EQUIPMENT & SUPPLIES
COMPANY**



Principal Place of Business

**4318 NW 13TH STREET
% 4322 N.W. 13TH ST.
GAINESVILLE, FL 32609**

Mailing Address

**4318 NW 13TH STREET
C/O 4322 NW 13TH ST.
GAINESVILLE, FL 32609 US**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2213326

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEATY, WILLIAM E
3212 NW 36TH ST.
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BEATY, JAMES
STREET ADDRESS	3658 NW 39TH PL
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	PTD
NAME	BEATY, ELIZABETH
STREET ADDRESS	4322 NW 13TH ST
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	S
NAME	BEATY, CONNIE
STREET ADDRESS	3658 NW 39TH PL
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/08/04-80004-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP

1-7-03 352-3705939