

FILE NOW: FILING FEE AFTER MAY 1 IS \$225

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF
Sandra B. Mormann
Secretary of State
DIVISION OF CORPORAT

DOCUMENT # G45765 (6)

1. Corporation Name

BEAUCHEMIN & SONS ENTERPRISES, INC.

95 MAY -1 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1805 SHENANDOAH ST.
HOLLYWOOD FL 33020**

Mailing Address

**1805 SHENANDOAH ST.
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/21/1983

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2314118

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEAUCHEMIN, RAYMOND
1805 SHENANDOAH ST.
HOLLYWOOD FL 33020**

8. Name

8. Street Address (P.O. Box Number is Not Acceptable)

8. City

8. State

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above
or registered agent, or both, in the State of Florida. Such change was authorized by the cor
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

ned corporation submits this statement for the purpose of changing its registered offic
tion's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

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

(NOTE: Registered Agent)

Signature required when reissuing

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**BEAUCHEMIN, RAYMOND
1805 SHENANDOAH STREET
HOLLYWOOD FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**BEAUCHEMIN, GARY
218 NW 108TH AVE
PEMBROKE PINES FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4- 27-95 305-929-0098