## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

171

	BEDENBAUGH, INC.	' (')				
BRUNNER BUILDING SUPPLY PO 218 HWY 17 SOUTH 218		Mailing Address	failing Address		- I ABDYTÍN ABYÐ ELIKL AÐBYÐ ENIKA JÁLAN SIÐU ENDN	i OLONG GIÐIS OTORE ÖTÐIS OTÐIS EÐES
		PO BOX 248 218 HWY, 17, SOUTH E PALATKA FL 32131 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
		<u>.</u>		<b>.</b>	11/02/1983	
	<del>-</del> -1		a. Mailing Address		4, FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-2332811	Not Applicable \$8.75 Additional
22					5. Certificate of Status Desired	Fee Required
City & State		City & State	<del></del>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country	7	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes XLNo
	p. Name and Address of Current	Registered Agent		T	10. Name and Address of New Registe	red Agent
	DENBAUGH, JERRY H		81	Name	for a second	
335 HORSEMAN CLUB ROAD PALATKA FL 32177			82	L	Iress (P.O. Box Number is Not Acceptable)	
			83	1	<b>.</b> 100 (100 (100 (100 (100 (100 (100 (100	
			84	City		85 Zip Code
				<u></u>		FL 03 2 P C C C C C C C C C C C C C C C C C C
SIGNATURE	Signature, typod or printed name of registered agen	r and title if applicable (NOT	E Registered Ag		poration submits this statement for the purposition's board of directors. I hereby accept the	TE
TITLE	OFFICERS AND	DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12  Change Addition
NAME	BEDENBAUGH, JERRY H	, Decemb	1.2 NAME	)		
STREET ADDRESS	335 HORSEMANS CLUB RD		1	I ADDRESS		
Crty-St-ZiP	PALATKA FL		1.4 City-5	ì		
TITLE	ST	DELETE	2.1 TITLE			Change Addition
NAME	BEDENBAUGH, TOBY F		22 NAME	-		
STREET ADDRESS	335 HORSEMANS CLUB RD		2.3 STREET	r address		
CITY - ST - ZIP	PALATKA FL		2.4 CITY-	ST-ZIP	<del></del>	
TITLE		☐ DELETE	3.1 TITLE	}		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	1		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE			Change Addition
TITLE NAME		fin percit	4.1 TILE 4.2 NAME			□ onerige □ Audition
STREET ADDRESS			<b>.</b>	ADDRESS		
CITY - ST - ZIP			4.4 CITY-5			
TITLE		DELETE	5.1 TITLE	21 - 211		Change Addition
NAME			5.2 NAME			-
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	LADDRESS		

14. 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 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.

904-3282717

**FILED** 

Apr 16 1998 8:00am

Secretary of State