

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 # **G84021** (6)

1. Corporation Name

BEALE ACID BRICK & REFRACTORIES, INC.



Principal Place of Business

**1000 HOOVER ROAD
P O DRAWER 7206
WINTER HAVEN FL 33883**

Mailing Address

**1000 HOOVER ROAD
P O DRAWER 7206
WINTER HAVEN FL 33883**

3. Date Incorporated or Qualified
02/09/1984

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

21 **1000 HOOVER ROAD**

Suite, Apt. #, etc.

22
City & State
23 **WINTER HAVEN FL**

24 Zip **33884** 25 Country **POLK**

2a. Mailing Address

26 **1000 HOOVER ROAD**

Suite, Apt. #, etc.

27
City & State
28 **WINTER HAVEN FL**

29 Zip **33884** 30 Country **POLK**

4. FEI Number
59-2371749

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

**BEALE, C. R.
1000 HOOVER ROAD
WINTER HAVEN FL 33884**

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 607.1508, 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

Signature typed or printed name of registered agent and for applicable

(Print Registered Agent's name and address when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **PATTEY, EDWARD**
STREET ADDRESS **605 S. FLORAL**
CITY-ST-ZIP **BARTOW FL**

TITLE **P** ☐ DELETE
NAME **BEALE, DANIEL L.**
STREET ADDRESS **4209 THOMASWOOD LANE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE
NAME **BEALE, C. R.**
STREET ADDRESS **1113 CYPRESS POINT WEST**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **ST** ☐ DELETE
NAME **HULSEY, ANNIE RUTH**
STREET ADDRESS **3142 HIGHWAY 27 S.**
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 119.07(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 unchanged, or on an attachment with an address.

SIGNATURE:

Annie Ruth Hulsey
ANNIE RUTH HULSEY, SECRETARY/TREASURER

04-11-96

(941)325-8300

Date

Daytime Phone #

CR2E034 (12/95)