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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State · DIVISION OF CORPORATIONS

DOCUMENT # H05286

BEGAR, INC.

Principal Place of Business

P.O. BOX 30650 PENSACOLA FL 32503-1650 Mailing Address

P.O. BOX 30650

PENSACOLA FL 32503-1650

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90007 012 ***150.00



T CHUNCOUNTY	L 02000 1000					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						05/25/1984			-	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			App	lied For
21		26				59-2416672			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	\$8.	75 A	dditional
27						5. Certifcate of Status Desired		F	ee Rec	luired
City & State City & State						6. Election Campaign Financing	1	 \$5	.00 +	May Be
23	<u>%</u> 28					Trust Fund Contribution	_	Ac	dded to	Fees
Zip	Country	Zip				8. This corporation owes the current	year Inta	ngible		
24	25	29 4	30			Personal Property Tax.		☐ Yes	<u>s</u>	□No
=-1	9. Name and Address of Curr	rent Registered Agent	<u> </u>	_		10. Name and Address of New Reg	istered A	Agent		
: فد			81	1	Name	4		3		
PEEBLES, JR., GLENN GARWOOD 636 N NAVY BLVD					Ctroot Addre	ess (P.O. Box Number is Not Acceptable				
					Sileet Addre	ess (P.O. Box Number is 140t Acceptable	7			
PENSACOLA FL 32507				3						
	•			1						
			84	\$	City		FI	85	Zip C	ode
44 =		NEOD	- 45 5-	<u>,</u>	named corps	pration submits this statement for the pur	nose of		na its r	registered
office or r	existered exent or both in the Sta	ate of Florida. Such change was au	thorized by	/ tr	he corporation	n's board of directors. I hereby accept the	ie appoir	itment	as reg	istered
agent. 1 a	m familiar with, and accept the obl	igations of Section 607.0505, Flori	da Statute	5.			, ,			ŀ
SIGNATURE	1 1 1 1 2 1 T M	- MGlenn G Yeck	W. 31	•						
	Signature, typed or printed name of registered			ent :	signature required		DATE	D MID	ECTO	OC IN 40
12.		AND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFIC	EKS AN	Ch		Addition
TIFLE	DP	☐ DELETE	1.1 TITLE					LJOI	anye	[] Addition
NAME	PEEBLES, JR., GLENN G.		12 NAME							,
STREET ADDRESS	636 NAVY BLVD		1.3 STREE	ET A	ADDRESS					ŀ
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-	ST-	-ZIP					
TITLE	AS	☐ DELETE	2.1 TITLE		-			Ch	ange	☐ Addition
NAME	PEEBLES, JR., GLENN G.		22 NAME							
STREET ADDRESS	636 NAVY BLVD		2.3 STREE	ET A	ADDRESS					/
CITY-ST-ZIP	PENSACOLA FL		2. 4 C/TY-	ST.	r- z ip					
TITLE	DV	☐ DELETE	31 TITLE					Ch	ange	☐ Addition
NAME	PEEBLES, JANE		3 2 NAME							
	000 MM 01 MD				ADDRESS					
STREET ADDRESS	PENSACOLA FL		3.4. CITY-		·					
CITY-ST-ZIP	ST PENSACULA FL	☐ DELETE	3.4. CITY- 4.1 TITLE		-217			□ Ch	ange	Addition
TITLE	1	_ 5	4.1 TILE					_	~	_
NAME	PEEBLES, JANE				4000000					
STREET ADDRESS	1 · · · ·		4		ADDRESS					ł
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-		-ZIP			Ch	2000	Addition
TITLE		☐ DELETE	5.1 TITLE						ange	☐ ∧uuluon
NAME			5.2 NAME							
STREET ADDRESS	ţ	-			ADORESS					
CITY-ST-ZIP			5.4 CITY-	_	-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Ch	ange	Addition
NAME			6.2 NAME							
STREET ADDRESS]		6.3 STREE	ET A	ADDRE\$\$					•
CITY-ST-ZIP	1		6.4 CITY-	st.	-ZIP					

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 attackment with an address, with all other like empowered.