

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H67393** (9)

1. Corporation Name

**ALL ENTERPRISES, INC.**



Principal Place of Business

**1098 MILLER RD  
ALTAMONTE SPRINGS FL 32701  
US**

Mailing Address

**P.O. BOX 151469  
ALTAMONTE SPRINGS FL 32715  
US**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BECKHAM HARRY F JR  
8 OLD GROVE LANE  
ALTAMONTE SPRINGS FL 32701**

81

Name

82

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

83

84

City

**FL**

85

Zip Code

3. Date Incorporated or Qualified

**07/22/1985**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2559521**

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

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the President or Director

Date

12. OFFICERS AND DIRECTORS

TITLE

**PS**

☐ DELETE

NAME

**BECKHAM, HARRY F. JR**

STREET ADDRESS

**8 OLD GROVE LANE**

CITY-STATE-ZIP

**ALTAMONTE SPGS. FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY-STATE-ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY-STATE-ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY-STATE-ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY-STATE-ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY-STATE-ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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(9)(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

*Harry F. Beckham Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HARRY F. BECKHAM JR.**

*3/1/96*

*407-830-4213*

CR2E034 (12/95)