

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:47

DOCUMENT # **H80097** (9)

1. Corporation Name

BECKWITH CONSULTANTS, INC.

Principal Place of Business

Mailing Address

**14 WILDWOOD TRAIL
ORMOND BEACH FL 32174**

**14 WILDWOOD TRAIL
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/02/1985** 3a. Date of Last Report **07/11/1994**

4. FEI Number **59-2816245** 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

7. This corporation has liability for intangible tax under S. 190.012, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

9. Name and Address of Current Registered Agent

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

**BECKWITH, JACK L.
14 WILDWOOD TRAIL
ORMOND BEACH FL 32074**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: *Kim Beckwith* **KIM BECKWITH SECRETARY** 6-29-95

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	☐ Change ☒ Addition
NAME	BECKWITH, JACK L.	1.2 NAME	
STREET ADDRESS	14 WILDWOOD TRAIL	1.3 STREET ADDRESS	
CITY, ST, ZIP	ORMOND BEACH FL	1.4 CITY, ST, ZIP	<i>treasurer also -</i>
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	BECKWITH, KIMBERLY T.	2.2 NAME	
STREET ADDRESS	14 WILDWOOD TRAIL	2.3 STREET ADDRESS	
CITY, ST, ZIP	ORMOND BEACH FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 or on an attachment with an address.

SIGNATURE: *Kim Beckwith* **KIM BECKWITH** 6-29-95 9046776148

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR