△EILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H86714 (3)BEVILLE II, INC. Principal Place of Business Mailing Address 15150 ORANGE AVE. EXTENSION 15150 ORANGE AVE. EXTENSION FORT PIERCE FL 34945 FORT PIERCE FL 34945 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/25/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2592229 21 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional ď 5. Certificate of Status Desired 27 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 25 24 29 🗹 Yes 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BEVILLE, HOWARD J., JR. 81 15150 ORANGE AVE. EXTENSION Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 34945 Zip Code 85 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 title if applicable. OFFICERS AND DIRECTORS (NOTE, Registered Agent signature required when reinstating) DATE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITI F DELETE Change Addition 1.1 TITLE BEVILLE, HOWARD JOHN, JR. NAME 1.2 NAME 15150 ORANGE AVE. EXTEN. STREET ADDRESS 1.3 STREET ADDRESS FORT PIERCE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZIP □ DELETE Change TITLE 5.1 TITLE Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

14. I hereby certify that the information supplied with this filling 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 one an attachment with an address.

DELETE

1-9-98

Addition