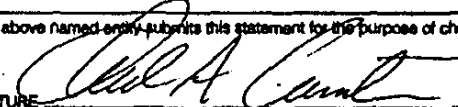



**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90062 014 \*\*\*\*61.25  
 07-05-2001 90010 034 \*\*\*\*88.75

**2001 UNIFORM BUSINESS REPORT (UBR)**

|   |  |   |   |                                    |   |
|---|--|---|---|------------------------------------|---|
| <b>DOCUMENT # H96575</b>  |  |   |   |                                    |   |
| 1. Entity Name<br><b>BEACON MANAGEMENT, INC.</b>  |  |   |   |                                    |   |
| Principal Place of Business<br>1114 SANTA ROSA BLVD<br>FORT WALTON BEACH, FL 32548  |  |   | Mailing Address<br>1114 SANTA ROSA BLVD<br>FORT WALTON BEACH FL32548  |                                    |   |
| 2. Principal Place of Business  |  |   | 3. Mailing Address  |                                    |   |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc.   |                                    |   |
| City & State  |  |   | City & State  |                                    |   |
| Zip   |  | Country   |   | 4. FEI Number<br><b>59-2637396</b> |   |
|   |  |   |   | Applied For<br>Not Applicable      |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | 8.75 Additional Fee Required       |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CORSENTINO, CHARLES</b><br><b>1114 SANTA ROSA BLVD</b><br><b>FORT WALTON BEACH FL 32548</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                    |   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.   |  |   |   |                                    |   |
| SIGNATURE<br>   |  |   | DATE<br><b>7/27/01</b>  |                                    |   |
| Signature, typed or printed name of registered agent and title if applicable.   |  |   | DATE  |                                    |   |
| FILE NOW<br>FEE (ST) \$61.25  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees     |   |
| Make Check Payable to<br>Department of State  |  |   |   |                                    |   |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |                                    |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>CORSENTINO, CHARLES A.<br>1114 SANTA ROSA BLVD<br>FORT WALTON BEACH FL 32548 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AVP<br>KENDRICK, CINDY M.<br>1114 SANTA ROSA BLVD<br>FORT WALTON BEACH FL 32548    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees. |  |   |   |                                    |   |
| SIGNATURE:   |  |   | DATE: <b>7/27/01</b>  |                                    |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | 850-244-5200  |                                    |   |

CR2037 (11/00)

Attachment  
Doc# H96575  
C0079307



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 4, 2001

BEACON MANAGEMENT, INC.  
1114 SANTA ROSA BLVD.  
FORT WALTON BEACH, FL 32548

Subject: BEACON MANAGEMENT, INC.

Reference H96575  
Number: -

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$88.75.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION

*Paul  
BRE  
#2497  
6-21-01*

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314