

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J01342 1. Corporation Name Bever Enterprises, Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		3. Date Incorporated or Qualified	
21. 9330 Adamo Dr.		2-27-86	
22. State Apt #, etc.		3a. Date of Last Report	
		3/27/95	
23. City & State		4. FEI Number	
Tampa, FL		59-2917055	
24. Zip		5. Certificate of Status Desired ☐	
33619		\$8.75 Additional Fee Required	
25. Country		6. Election Campaign Financing Trust Fund Contribution ☐	
		\$5.00 May Be Added to Fees	
26. Mailing Address		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
27. State Apt #, etc.			
28. City & State			
Tampa, FL			
29. Zip			
33601-1808			
30. Country			
Hills.			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Robert Bova 4035 West Kennedy Blvd. Tampa, FL 33609		81. Name	
		Charles C. Bever, Jr.	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		9330 Adamo Dr.	
		83. City	
		Tampa	
		84. State	
		FL	
		85. Zip Code	
		33619	
11. Pursuant to the provisions of Sections 607.04(7) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida. Such change was not ordered by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with and agree to the duties imposed by Section 607.04(5), Florida Statutes.			
SIGNATURE: <i>Charles C. Bever, Jr.</i> 8-6-96			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: Charles C. Bever, Jr. ☐ DELETE 12.2 STREET ADDRESS: 9330 Adamo Drive 12.3 CITY, ST, ZIP: Tampa, FL 33619		13.1 NAME: ☐ Change ☐ Add 13.2 STREET ADDRESS: ☐ Change ☐ Add 13.3 CITY, ST, ZIP: ☐ Change ☐ Add 13.4 NAME: ☐ Change ☐ Add 13.5 STREET ADDRESS: ☐ Change ☐ Add 13.6 CITY, ST, ZIP: ☐ Change ☐ Add 13.7 NAME: ☐ Change ☐ Add 13.8 STREET ADDRESS: ☐ Change ☐ Add 13.9 CITY, ST, ZIP: ☐ Change ☐ Add 13.10 NAME: ☐ Change ☐ Add 13.11 STREET ADDRESS: ☐ Change ☐ Add 13.12 CITY, ST, ZIP: ☐ Change ☐ Add	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-96

(8B)621-6411 3142

8/8/96

CR2E034 (3/96)