

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J19886

1. Corporation Name

BETTY MCGRAW ENTERPRISES, INC.

Principal Place of Business

~~FRANK C. LOGAN~~
1404 SUNSET DR.
CLEARWATER FL 34615

Mailing Address

~~FRANK C. LOGAN~~
1404 SUNSET DR.
CLEARWATER FL 34615

2. Principal Place of Business

21 1404 Sunset Drive
Suite, Apt. #, etc.

22 City & State

23 Clearwater, FL

24 33755 25 USA

2a. Mailing Address

26 1404 Sunset Drive
Suite, Apt. #, etc.

27 City & State

28 Clearwater, FL

29 33755 30 USA

9. Name and Address of Current Registered Agent

~~LOGAN, FRANK C.~~
~~121 N OSCEOLA AVENUE~~
~~SUITE 300~~
~~CLEARWATER FL 34615~~

3. Date Incorporated or Qualified

06/16/1986

4. FEI Number

59-2692360

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 owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

Elizabeth H. McGraw

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

1404 Sunset Drive

83

84 City

Clearwater,

FL

85 Zip Code

33755

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 Elizabeth H. McGraw
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/8/99
DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE
NAME LOGAN, FRANK C.
STREET ADDRESS 121 N OSCEOLA AVE
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☐ DELETE
NAME MCGRAW, ELIZABETH H.
STREET ADDRESS 1404 SUNSET DR.
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☒ Change ☐ Addition
1.2 NAME MCGRAW, ELIZABETH H.
1.3 STREET ADDRESS 1404 SUNSET DRIVE
1.4 CITY-ST-ZIP CLEARWATER, FL 33755

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: Elizabeth H. McGraw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 727/446-3746
Date Daytime Phone #

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90055 050 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)