

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J75702 (7)

1. Corporation Name

BEC CORP.

Principal Place of Business

10501 BRANCTON CHURCH ROAD
THONOTASSASA FL 33952
US

Mailing Address

10501 BRANCTON CHURCH ROAD
THONOTASSASA FL 33952
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

THOMASON, GENE
10501 BRANCTON CHURCH ROAD
THONOTASSASA FL 33592

3. Date Incorporated or Qualified

06/01/1987

3a. Date of Last Report

03/28/1995

4. FEI Number

59-2822413

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

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 officer 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 of Registered Agent (Required when changing)

Signature of Registered Agent (Required when changing)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
2. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
3. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
4. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
5. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
6. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
7. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
8. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
9. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
10. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition

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 or person 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 in the attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E. E. Thomason

1/31/96

(813)986-2679

Date

Daytime Phone #

CR2E034 (12/95)