

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

FILED  
Jun 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J95749

(4)

1. Corporation Name

BEES ENTERPRISES, INC.

Principal Place of Business

1482 E TETHER CLIFT ST  
DAVIE FL 33331  
US

Mailing Address

14820 E TETHER CLIFT  
DAVIE FL 33331  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1987

4. FEI Number

59-2847515

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 ☒ 2919 Chestnut Hill rd.  
Suite, Apt. #, etc.

22 City & State

23 Crumpler, N.C.

Zip

24 28617

Country

25 Ashe

26 Crumpler.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Crumpler, N.C.

Zip

29 28617

Country

30 Ashe

31 Crumpler.

9. Name and Address of Current Registered Agent

BOLING, WALTER A  
14820 E TETHERCLIFT ST  
DAVIE FL 33331

10. Name and Address of New Registered Agent

81 PETER JACOBSEN

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

83 6418 N.W. STRAWHAY

84 City

85 FORT LAUDERDALE

FL

Zip Code

33309

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVP ☐ DELETE

NAME BOLING, WALTER H.  
STREET ADDRESS 14820 TETHERCLIFT STREET  
CITY-ST-ZIP DAVIE FL

TITLE ST ☐ DELETE

NAME BOLING, EILEEN  
STREET ADDRESS 14820 TETHERCLIFT STREET  
CITY-ST-ZIP DAVIE FL

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 PVP ☐ Change ☐ Addition

1.2 NAME BOLING, WALTER H.  
1.3 STREET ADDRESS 2919 Chestnut Hill Rd.  
1.4 CITY-ST-ZIP CRUMPLER N.C. 28617

2.1 TITLE ST ☐ Change ☐ Addition

2.2 NAME Eileen Boling  
2.3 STREET ADDRESS 2919 Chestnut Hill Rd  
2.4 CITY-ST-ZIP Crumpler N.C. 28617

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.

SIGNATURE:

*[Signature]*

10/19/98 1-331-9542287

CR2E034 (10/97)