

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90105 032 ***150.00

DOCUMENT # K13361

1. Corporation Name

BEASLEY CARLISLE MANAGEMENT INC.

Principal Place of Business

7031 GRANDNATIONAL DR
STE 106B
ORLANDO FL 32819
US

Mailing Address

7031 GRANDNATIONAL DR
STE 106B
ORLANDO FL 32819
US

2. Principal Place of Business

21 235 S. MAITLAND AVE

2a. Mailing Address

26 P.O. BOX 940934

Suite, Apt. #, etc.

22 STE 117

Suite, Apt. #, etc.

27

City & State

23 MAITLAND, FL

City & State

28 MAITLAND, FL

Zip

24 32752

Country

25 ORANGE

Zip

29 32794

Country

30 ORANGE

9. Name and Address of Current Registered Agent

PLOCKI, MICHAEL C.
7031 GRAND NATIONAL DR 106B
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1988

4. FEI Number

59-2873172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

PLOCKI, MICHAEL C.

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

235 SOUTH MAITLAND AVE

83

STE 117

84 City

MAITLAND

FL

85 Zip Code

32752

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME PLOCKI, MICHAEL
STREET ADDRESS 6636 HIDDEN BCH CIR.
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME PLOCKI, MICHAEL
STREET ADDRESS 6636 HIDDEN BCH CIR.
CITY-ST-ZIP ORLANDO 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 PST ☒ Change ☐ Addition

1.2 NAME PLOCKI, MICHAEL
1.3 STREET ADDRESS 1635 BERKSHIRE AVE
1.4 CITY-ST-ZIP WINTER PARK, FL. 32789

2.1 TITLE VP. ☒ Change ☐ Addition

2.2 NAME PLOCKI, MICHAEL
2.3 STREET ADDRESS 1635 BERKSHIRE AVE.
2.4 CITY-ST-ZIP WINTER PARK, FL. 32789

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99

407-363-9117

CR2E034 (11/98)