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FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K61005

(0)

1. Corporation Name

~~B & B INDUSTRIAL SUPPLY COMPANY-~~

Beale Holdings, Inc.

Principal Place of Business

3245 OKEECHOBEE RD  
PO BOX 490  
FT PIERCE FL 34954

Mailing Address

3245 OKEECHOBEE RD  
PO BOX 490  
FT PIERCE FL 34954-0490

2. Principal Place of Business

21 1671 THUMBPOINT DRIVE

Suite, Apt. #, etc.

22 City & State

23 FORT PIERCE, FL

Zip

24 34949

Country

25 U.S.A.

2a. Mailing Address

26 POST OFFICE BOX 476

Suite, Apt. #, etc.

27 City & State

28 FORT PIERCE, FL

Zip

29 34950

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BEALE, JOSEPH E. JR.  
3245 OKEECHOBEE RD  
FT PIERCE FL 34947

3. Date Incorporated or Qualified

01/26/1989

3a. Date of Last Report

03/21/1996

4. FEI Number

65-0093826

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  
BEALE, JOSEPH E., JR.

82 Street Address (P.O. Box Number is Not Acceptable)  
1671 THUMBPOINT DRIVE

83 City  
FORT PIERCE

FL

85 Zip Code  
34949

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 PVS ☐ DELETE

NAME BEALE, JOSEPH E. JR.  
STREET ADDRESS 3245 OKEECHOBEE RD  
CITY-ST-ZIP FT PIERCE FL

TITLE TD ☐ DELETE

NAME BEALE, JOSEPH E. JR.  
STREET ADDRESS 3245 OKEECHOBEE RD  
CITY-ST-ZIP FT PIERCE 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 PVS ☒ Change ☐ Addition

1.2 NAME BEALE, JOSEPH E., JR.  
1.3 STREET ADDRESS 1671 THUMBPOINT DRIVE  
1.4 CITY-ST-ZIP FORT PIERCE, FL 34949

2.1 TITLE TD ☒ Change ☐ Addition

2.2 NAME BEALE, JOSEPH E., JR.  
2.3 STREET ADDRESS 1671 THUMBPOINT DRIVE  
2.4 CITY-ST-ZIP FORT PIERCE, FL 34949

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

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\*\*\*155.00

CS  
5/14/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

CR2E034 (9/96)