FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K65481** **(9)**

1. Corporation Name

BEIR & CO. ACCOUNTING

Principal Place of Business

C/O ALAN M. BEIR
10601 - 32 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Mailing Address

C/O ALAN M. BEIR
10601 - 32 SAN JOSE BLVD.
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified: **02/14/1989**

3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2922130** ☐ 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

9. Name and Address of Current Registered Agent

BEIR, ALAN M.
10601-32 SAN JOSE BLVD.
JACKSONVILLE FL 32257

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 Section 607.0502 and 607.1501, Florida Statutes, the above for-profit corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Should this change be authorized by the corporation's board of directors hereto, I accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Date

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	BEIR, ALAN M.	
STREET ADDRESS	10601- 32 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	☐ DELETE
NAME	BEIR, KENNETH L.	
STREET ADDRESS	10601-32 JOSE BV	
CITY-ST-ZIP	JACKSONVILLE 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 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with the requirements 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 added above or on an attached sheet.

SIGNATURE: Kenneth L Beir KENNETH L BEIR 3/27/96 904-262-9747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number