

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name **K73157**

BET-JAC, INC.

Principal Place of Business
**2606 South Street
Leesburg, FL
34748**

Mailing Address
**P.O. Box 491500
Leesburg, FL
34749-1500**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **March 13, 1989** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2628707

Applied For
☐ Not Applicable

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES W. BERRY, SR.
36254 E. Spring Lake Blvd.
Fruitland Park, FL 34731**

81 Name **ROBERT R. CYRUS**

82 Street Address (P.O. Box Number is Not Acceptable)
214-A North Third Street

83

84 City **Leesburg** FL 85 Zip Code **34748**

11. Pursuant to the provisions of Sections 607.0502 and 607.0608, 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]
Signature typed or printed name of registered agent and the if applicable

ROBERT R. CYRUS

April 17, 1995
DATE

12. OFFICERS AND DIRECTORS

NOTE: Registered Agent signature required when reappointing

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD**
NAME **JAY O. BERRY**
STREET ADDRESS **2606 South Street**
CITY - ST - ZIP **Leesburg, FL 34748**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **D**
NAME **JAMES W. BERRY**
STREET ADDRESS **2606 South Street**
CITY - ST - ZIP **Leesburg, FL 34748**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
200001465232
-04/26/95--01055--014
******200.00 ****200.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAY O. BERRY

4-17-95 **904/728-1119**
Date Name
LW 4-25-95