

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 # **L91100** (2)

1. Corporation Name

**BEATTIE ELECTRIC COMPANY, INC.**



Principal Place of Business

**642 MELBA STREET  
JACKSONVILLE FL 32205  
US**

Mailing Address

**PO BOX 61253  
JACKSONVILLE FL 32236  
US**

3. Date Incorporated or Qualified  
**07/30/1990**

3a. Date of Last Report  
**02/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3006688**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEATTIE, THOMAS A., SR.  
4859-2 ROSSELLE STREET  
JACKSONVILLE FL 32236**

81 Name

**THOMAS A. BEATTIE SR.**

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

**642 MELBA STREET**

83

84 City

**JACKSONVILLE**

**FL**

85 Zip Code

**32207**

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 board if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

**BEATTIE, THOMAS A., SR.**

STREET ADDRESS

**642 MELBA STREET**

CITY - ST - ZIP

**JACKSONVILLE FL**

TITLE

ST

☐ DELETE

NAME

**VANPELT, TRACI B**

STREET ADDRESS

**642 MELBA STREET**

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

1.1 TITLE

**Vice President**

☐ Change

☒ Addition

1.2 NAME

**Robert Millican**

1.3 STREET ADDRESS

**642 MELBA ST**

1.4 CITY - ST - ZIP

**JACKSONVILLE, FL 32205**

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 or changed, or on an attachment with an address.

SIGNATURE:

**Thomas A. Beattie Sr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS A. BEATTIE SR. 2/19/96 904-387-9827**  
Daytime Phone #

CR2E034 (12/95)