

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  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90115 023 \*\*\*150.00

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DOCUMENT # M79078

1. Corporation Name

DEEANN ESTATES, INC.

Principal Place of Business

% J. TIMOTHY SHEEHAN  
234 CENTRAL AVE.  
LAKE PLACID FL 33852

Mailing Address

% J. TIMOTHY SHEEHAN  
234 CENTRAL AVE.  
LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1988

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible

Personal Property Tax.

☐

No

10. Name and Address of New Registered Agent

81 Name

Sheehan, J. Timothy

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

325 Central Avenue

83

84 City Lake Placid

FL

85 Zip Code  
33852

9. Name and Address of Current Registered Agent  
SHEEHAN, J. TIMOTHY  
234 CENTRAL AVE.  
LAKE PLACID FL 33852

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 ☐ DELETE

TITLE PD  
NAME BEIL, KENNETH D.  
STREET ADDRESS 44 GASHEL ROAD  
CITY-ST-ZIP CLAYSVILLE PA

TITLE VPST ☐ DELETE

NAME BEIL, CAROL A.  
STREET ADDRESS 44 GASHEL ROAD  
CITY-ST-ZIP CLAYSVILLE PA

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 ☒ Change ☐ Addition

1.2 NAME P/D  
1.3 STREET ADDRESS BEIL, CAROL A.  
1.4 CITY-ST-ZIP 44 Gashel Road  
Claysville, Pennsylvania 15323

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME S/T  
2.3 STREET ADDRESS BEIL, CAROL A.  
2.4 CITY-ST-ZIP 44 Gashel Road  
Claysville, Pennsylvania 15323

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:

CAROL A. BEIL, President

2-8-99

Date

724-663-7801

Daytime Phone #

CR2E034 (11/98)