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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M91674 (5)

1. Corporation Name

BEASLEY MANAGEMENT OF FLORIDA, INC.

Principal Place of Business

% C T CORPORATION SYSTEM
3033 RIVIERA DR. SUITE 200
NAPLES FL 33940

Mailing Address

% C T CORPORATION SYSTEM
3033 RIVIERA DR. SUITE 200
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/29/1988

3a. Date of Last Report
05/01/1994

4. FEI Number
58-1801511

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

County

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

County

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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 of person or printed name of registered agent and the corporation)

(Print Name of Registered Agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
BEASLEY, GEORGE G.
110 6TH AVE. S.
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
BEASLEY, SHIRLEY W.
110 6TH AVE. S.
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
BEASLEY, CAROLINE
3033 RIVIERA DR 200
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

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)(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, as applicable, or on an attachment with an address.

SIGNATURE:

Shirley W. Beasley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95

(813) 2623-5000

Date

(Signature of Person)