

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000001965 (9)

1. Corporation Name
BEE-ATTITUDES, INC.

Principal Place of Business
4520 WHITE ASH ROAD
MOLINO FL 32577

Mailing Address
P.O. BOX 310
MOLINO FL 32577

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

59-3443508

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No NA

9. Name and Address of Current Registered Agent

TERHUNE, LILA
4520 WHITE ASH ROAD
MOLINO FL 32577

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE President
NAME Lila Terhune
STREET ADDRESS 4520 White Ash Road
CITY-ST-ZIP Molino, FL 32577 ☐ DELETE

TITLE Secretary
NAME Robert Terhune
STREET ADDRESS 4520 White Ash Road
CITY-ST-ZIP Molino, FL 32577 ☐ DELETE

TITLE Treasurer
NAME Lila Terhune
STREET ADDRESS 4520 White Ash Road
CITY-ST-ZIP Molino, FL 32577 ☐ DELETE

TITLE BOARD OF DIRECTOR
NAME DICK REUBEN
STREET ADDRESS P.O. Box 777
CITY-ST-ZIP BOONVILLE, IN 47601 ☐ DELETE

TITLE BOARD OF DIRECTOR
NAME DEANNE REUBEN
STREET ADDRESS P.O. Box 777
CITY-ST-ZIP BOONVILLE, IN 47601 ☐ DELETE

TITLE BOARD OF DIRECTOR
NAME BILLIE ALEXIS
STREET ADDRESS 5770 ADELPH RD.
CITY-ST-ZIP PENSACOLA, FL 32504 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/98

Date

(850) 433-3078

Daytime Phone #

CR2E037 (5/98)