

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 AUG -6 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000539

1. Corporation Name

FLORIDA BETA HOUSE CORPORATION

Principal Place of Business

615 W ST AUGUSTINE STREET
TALLAHASSEE FL

Mailing Address

615 W ST AUGUSTINE STREET
TALLAHASSEE FL



2. Principal Place of Business

21 503 WEST PARK AVE

2a. Mailing Address

26 1997 BUCK LAKE CT.

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

City & State

23 TALLAHASSEE

City & State

28 TALLAHASSEE FL.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

Zip

24 32301

Country

Zip

29 32311

Country

30 US

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANIER, BARRY K
1956 A NICKLAUS DRIVE
TALLAHASSEE FL 32301

81 Name

82 W. Bradley Munroe
Street Address (P.O. Box Number is Acceptable)
239 East Virginia St.

83

84 City TALLAHASSEE

FL

85 Zip Code 32301

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

W. Bradley Munroe

W. Bradley Munroe

8/5/99

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE D
NAME LANIER, BARRY K
STREET ADDRESS 1956 A NICKLAUS DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301

☒ DELETE

TITLE D
NAME SUNDBERG, WILLIAM
STREET ADDRESS 1705 CANTERBURY STREET
CITY-ST-ZIP TALLAHASSEE FL 32308

☒ DELETE

TITLE D
NAME MCCLURE, J. ROBERT III
STREET ADDRESS 713 BEARD STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

☒ DELETE

TITLE D
NAME DUGGAR, WILLIAM III
STREET ADDRESS 713 BEARD STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

☐ DELETE

TITLE D
NAME STEWART, ALBAN
STREET ADDRESS 2536 CAPITAL MEDICAL BLVD
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE P

12 NAME BRIAN D. BARNARD

13 STREET ADDRESS 7014 OK BOW RD.

14 CITY-ST-ZIP TALLAHASSEE FL 32312

☐ Change ☒ Addition

2.1 TITLE D

22 NAME RANDALL DICKSON

23 STREET ADDRESS 743 TYTY RD.

24 CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Change ☒ Addition

3.1 TITLE

32 NAME 700002959497--8

33 STREET ADDRESS -08/13/99--01086--008

34 CITY-ST-ZIP *****70.00 *****70.00

☐ Change ☒ Addition

4.1 TITLE D

4.2 NAME ALAN G. ASKER

4.3 STREET ADDRESS 4715 PINTALE DR.

4.4 CITY-ST-ZIP TALLAHASSEE FL 32311

☐ Change ☒ Addition

5.1 TITLE D

5.2 NAME

5.3 STREET ADDRESS 1997 BUCK LAKE CT.

5.4 CITY-ST-ZIP TALLAHASSEE FL 32311

☐ Change ☒ Addition

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

Brian D. Barnard

8/5/99

8503818689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)