FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

Beauchamp Tower Information Services, Inc.

Principal Place of Business

2. Principal Place of Business

6223 Hwy 90, Ste.182 Milton, Florida 32570 Mailing Address

2a. Mailing Address

5601 Bubba Lane Milton, Florida 32570

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90277 001 ****61.25

3. Date Incorporated or Qualifed

21	21 26				November 20, 1998	
Suite, Apt. #, etc. Suite, Apt. #, etc.		etc.			4. FEI Number Applied For	
22	27 27				59-3550236 Not Applicable	
City & State City & State					5. Certificate of Status Desired S8.75 Additional	
28					Fee Required	
Zip	Country Zip	Cou	ntry		6. Election Campaign Financing \$5.00 May Be	
<u></u>		30	<u> </u>		Trust Fund Contribution Added to Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
Jacqueline Brewer			81	81 Name		
5601 Bubba Lane			82 Street Address (P.O. Box Number is Not Acceptable)			
Milton, Florida 32570						
mircon, rioriau 32570			83			
	>		84	City	85 Zip Code	
				J.,	FL S S S S S S S S S	
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	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President DEL	ETE 1.1 TI	ΠE	Pr	resident and Director X Change Addition	
NAME	Jacqueline Brewer	1.2 NA	ME	Ja	acqueline Brewer	
STREET ADDRESS	5601 Bubba Lané	1.3 ST	REET		501 Bubba Lane	
CITY-ST-ZIP	Milton, Florida 32570	1.4 Ci	TY-Sī	-ZIP Mi	ilton, Florida 32570	
TITLE	Secretary DEL	ETE 2.1 ΤΓ	ΠE		ecretary and Director X Change Addition	
NAME	Joel Brewer	2.2 NA	мE		pel Brewer	
STREET ADDRESS	6223 Hwy 90, Suite 182	2.3 ST	REET		5601 Bubba Lane	
CITY-ST-ZIP	Milton, Florida 32570_	2. 4 C	TY-S		lton Elevida 20570	
TITLE	Treasurer	ETE 31 TIT	ΓE			
NAME	Ward W. Brewer, II	3 2 NA	ME		reasurer and Director	
STREET ADDRESS	6223 Hwy SO Suite 182	3.3 ST	REET	ADDRESS	Ward W. Brewer, II	
CITY-ST-ZIP	Milton, Florida 32570	3.4. CI	TY-S	[_7]P	501 Bubba Lane	
TITLE	DEL	ETE 4.1 TI	LE	IM.	filton, Florida 32570 Change Addition	
NAME		4. 2 N/	ME	Ì		
STREET ADDRESS		4.3 ST	REET	ADDRESS		
CITY-ST-ZIP		4.4 CI	TY-ST	- ZIP		
TITLE	□ DEL	ETE 5.1 TIT	LE		☐ Change ☐ Addition	
NAME		5.2 NA	ME		ì	
STREET ADDRESS		5.3 ST	REET	ADDRESS		
CITY-ST-ZIP		5.4 CF	ry-st	-ZIP		
TITLE	☐ DEL	ETE 6.1 TIT	LE		☐ Change ☐ Addition	

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 of the peceiver 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 chapped, or an extrachment with an address, with all other like empowered. Block 12 or Block 13 if chap

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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