

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90023 014 \*\*\*150.00

DOCUMENT # P05000038339

1. Entity Name

RB HOME IMPROVEMENTS OF NORTHWEST FLORIDA,  
INC.



Principal Place of Business

3020 RANCHETTE SQ.  
GULF BREEZE FL 32563

Mailing Address

3020 RANCHETTE SQ.  
GULF BREEZE FL 32563



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-2487181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAVERS, ROBERT  
3020 RANCHETTE SQ.  
GULF BREEZE FL 32563

Name Christopher Beavers

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

311 West Pinestead

City Pensacola

FL

Zip Code 32503

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Christopher Beavers

3-14-08

Signature, typed or printed name of registered agent and date of application.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | P                    | <input checked="" type="checkbox"/> Delete |
| NAME           | BEAVERS, ROBERT      |  |
| STREET ADDRESS | 3020 RANCHETTE SQ.   |  |
| CITY-ST-ZIP    | GULF BREEZE FL 32563 |  |
| TITLE          | ST                   | <input type="checkbox"/> Delete            |
| NAME           | BEAVERS, KATHY       |  |
| STREET ADDRESS | 3020 RANCHETTE SQ.   |  |
| CITY-ST-ZIP    | GULF BREEZE FL 32563 |  |
| TITLE          | VP                   | <input type="checkbox"/> Delete            |
| NAME           | BEAVERS, CHRISTOPHER |  |
| STREET ADDRESS | 3020 RANCHETTE SQ.   |  |
| CITY-ST-ZIP    | GULF BREEZE FL 32563 |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | P                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Robert Beavers      |  |
| STREET ADDRESS | deceased            |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | P + VP              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Christopher Beavers |  |
| STREET ADDRESS | 311 West Pinestead  |  |
| CITY-ST-ZIP    | Pensacola, FL 32503 |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathy Beavers - Kathy Beavers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-08 850-934-5308

Date

Daytime Phone #

## STATE OF FLORIDA

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

ATTACHMENT 40052218

## FLORIDA CERTIFICATE OF DEATH

TYPE IN  
PERMANENT  
BLACK INK

LOCAL FILE NO. 07-0644

|  |  |   |  |
|--|--|---|--|
| 1. DECEDENT'S NAME (First, Middle, Last, Suffix)<br>Robert U. Beavers, Jr.   |  | 2. SEX<br>Male  |  |
| 3. DATE OF BIRTH (Month, Day, Year)<br>February 12, 1956   |  | 4. AGE Last Birthday (Years, Months, Days)<br>51  |  |
| 5. SOCIAL SECURITY NUMBER<br>144-56-3922   |  | 6. COUNTY OF DEATH<br>Santa Rosa  |  |
| 7. BIRTHPLACE (City and State or Foreign Country)<br>Newark, New Jersey  |  | 8. DATE OF DEATH (Month, Day, Year)<br>November 4, 2007   |  |
| 9. PLACE OF DEATH (Check only one)<br>HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival<br>NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)  |  |   |  |
| 10. FACILITY NAME (If not institution, give street address)<br>3020 Ranchette Square   |  | 11a. CITY, TOWN, OR LOCATION OF DEATH<br>Gulf Breeze  |  |
| 12. MARITAL STATUS (Specify)<br><input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married  |  | 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)<br>Kathy Forster  |  |
| 14a. RESIDENCE - STATE<br>Florida  |  | 14b. COUNTY<br>Santa Rosa   |  |
| 14c. STREET ADDRESS<br>3020 Ranchette Square   |  | 14d. APT. NO., 14e. ZIP CODE<br>32563   |  |
| 15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.)<br>Carpenter  |  | 15b. KIND OF BUSINESS/INDUSTRY<br>Construction  |  |
| 16. DECEDENT'S RACE (Specify the race to indicate what decedent considered himself/herself to be. More than one race may be specified.)<br><input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe)<br><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify)<br><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify) |  |   |  |
| 17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.)<br><input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No  |  |   |  |
| 18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)<br><input checked="" type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate  |  |   |  |
| 19. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   |  |
| 20. FATHER'S NAME (First, Middle, Last, Suffix)<br>Robert U. Beavers, Sr.  |  | 21. MOTHER'S NAME (First, Middle, Last, Suffix)<br>Margaret Ramandi   |  |
| 22a. INFORMANT'S NAME<br>Kathy Beavers   |  | 22b. RELATIONSHIP TO DECEDENT<br>Wife   |  |
| 22c. CITY OR TOWN<br>Gulf Breeze   |  | 22d. ZIP CODE<br>32563  |  |
| 23a. PLACE OF DISPOSITION (Place of cemetery, crematory, or other place)<br>Rose Lawn Cemetery   |  | 23b. LOCATION - STATE<br>Florida  |  |
| 23c. LOCATION - CITY OR TOWN<br>Gulf Breeze  |  | 23d. ZIP CODE<br>32563  |  |
| 24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Reinterment from State <input type="checkbox"/> Other (Specify)   |  |   |  |
| 25. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 26. LICENSE NUMBER (of Licensee)<br>FO 42196  |  |
| 27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br>Paul J. Lamy   |  | 28. NAME OF FUNERAL FACILITY<br>Rose Lawn Funeral Home and Cemetery   |  |
| 29a. CITY OR TOWN<br>Gulf Breeze   |  | 29b. STREET ADDRESS<br>2942 Gulf Breeze Parkway   |  |
| 29c. ZIP CODE<br>32563   |  | 30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.<br>(Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated. |  |
| 31a. SIGNATURE OF CERTIFIER<br>Bradley H. Hawkins MD   |  | 31b. DATE SIGNED (month/year)<br>11/06/2007   |  |
| 32. TIME OF DEATH (24 hr)<br>0721  |  | 33. MEDICAL EXAMINER'S CASE NUMBER  |  |
| 34. LICENSE NUMBER (for Certifier)<br>ME 8447  |  | 35. NAME OF ATTENDING PHYSICIAN (if other than Certifier)   |  |
| 36a. CERTIFIER'S - STATE<br>Florida  |  | 36b. CITY OR TOWN<br>Gulf Breeze  |  |
| 36c. STREET ADDRESS<br>1395 El Rito Drive  |  | 36d. ZIP CODE<br>32563  |  |
| 37. SUBREGISTRAR - Signature and Date<br>Margie L. Parker  |  | 38. DATE FILED BY REGISTRAR (Month, Day, Yr)<br>NOV 07 2007   |  |

NOV 07 2007

Chief Deputy Registrar

WARNING:

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1946 (08-04)

41072207

CERTIFICATION OF VITAL RECORD



FLORIDA DEPARTMENT OF  
**HEALTH**