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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

|  | 100 mg  | DIVISION OF                         | CORPORATIONS   |  |                                       |  |   |
|--|---|-------------------------------------|--|--|---------------------------------------|--|---|
| OCUMENT #  | P08405  | (3)                                 |  |  |                                       |  |   |
| BEASON-SIMONS, LT  | D. (INC.)   |                                     |  |  |                                       |  |   |
| incipa' Place of Business  |   |                                     |  |  |                                       |  |   |
|  |   | ailing Address                      |  |  |                                       | . 2.21. 21411 411                      |   |
| %B.H.B. HUBBARD. III<br>P.O. BOX 340   |   | %B.H.B. HUBBARD, II<br>P.O. BOX 340 | •  |  |                                       |  |   |
| IRVINGTON VA 22480   |   | IRVINGTON VA 22480                  | )  |  | · · · · · · · · · · · · · · · · · · · |  |   |
| Constraints of Constraints   |   |                                     |  | 3. Date Incorporated or Qua<br>12/13/1985  | alified 3a. D                         | ate of Last F<br>04/04/1               |   |
| Principal Place of Business  | h   | Mailing Address                     |  | 4. FEI Number  |                                       |  | Applied Fo  |
| Suite, Apt. #, etc.  | 26  | Suite, Apt. #, etc.                 |  | 54-1333735   |                                       |  | Not Applica   |
|  | 27  |                                     |  | 5. Certificate of Status Desire  | ed 🛛                                  |  | 5 Additiona<br>Required                                 |
| City & State   | <u> </u>  | City & State                        |  | 6. Election Campaign Finance   |                                       | ···                                    | May Be  |
| Zqp Coun   | 28  | Zip                                 |  | Trust Fund Contribution  |                                       | Adde                                   | d to Fees   |
| 25   | [29]  | 21)                                 | Country 30   | This corporation has liabili     Florida Statutes  | ity for intangible<br>☑ Yes  ☐ No     | tax under s                            | 199.032,  |
| 9. Name and Add  | ress of Current Regist  | lered Agent                         | 190  | 10. Name and Address of N  |                                       | d Agent                                |   |
|  |   |                                     | 81 Name  |  | <del>-</del>                          |  |   |
| CT CORPORATION SYSTE   |   |                                     | 82 Street Ad   | Idress (P.O. Box Number is Not Acc   | ceptable)                             |  | <del></del>   |
| 1200 S. PINE ISLAND ROA<br>PLANTATION FL 33324   | AD .  |                                     | 83   |  |                                       |  |   |
| FLANIATION FL 33324  |   |                                     | 83   |  |                                       |  |   |
|  |   |                                     | 84 City  |  | F                                     | <b>85</b> Zi                           | p Code  |
| Pursuant to the provisions of Sec  | ctions 607,0502 and 607   | ' 1508, Florida Statute             | s, the above-named corp  | oration submits this statement for the   |                                       |  | registered o  |
| GNATURE  | grooms of exellention, o  | 7000, Florida Statutes.             | ed by the corporation's bo   | ixration submits this statement for the<br>pard of directors. I hereby accept the        | e appointment i                       | as registered                          | l agent. I ar   |
| SNATURE<br>Standard, byect or pilota num   | gations of, Section 607,0<br>in of registered agent are tick Fag<br>OFFICERS AND DIRECT | ppleative (NOT                      | The Registered Agent signature requ  | paro of directors. I hereby accept the   | DATE                                  |  | d agent. I ar   |
| NATURE Syndron, based or péoble num  | in of registered agent are took Lag<br>OFFICERS AND DIRECT                              | pplease (NO)                        | It: Registered Agent signature requi   | paro of directors. I hereby accept the   | DATE                                  |  | DRS IN 12   |
| NATURE Signatur, by set or problem nor PD BEASON, R.R.   | in of registered agent are took Lag<br>OFFICERS AND DIRECT                              | ppleative (NOT                      | The Registered Agent signature required 13.  1.1 Tiffle  12 NAME   | paro of directors. I hereby accept the   | DATE                                  | ND DIRECTO                             | l agent. I ar   |
| NATURE Signatur, bywet or printed name  PD  BEASON, R.R H ADDRESS RTE 611  | n ctropisized agent are for tag<br>OFFICERS AND DIRECT                                  | ppleative (NOT                      | 11: Regioneral Agent signature requirements  13.  1.1 TITLE  12 NAME  13 STREET ADDRESS  | paro of directors. I hereby accept the   | DATE                                  | ND DIRECTO                             | l agent. I a  |
| NATURE SEPTEMBERSON, R.R. C. HADDRESS RTE 611 STAP MERRY POINT V   | in of registered agent and to have Tage OFFICERS AND DIRECT  JR.  VA                    | ppleative (NOT                      | The Registered Agent signature required 13.  1.1 Tiffle  12 NAME   | paro of directors. I hereby accept the   | DATE                                  | ND DIRECTO                             | Jagent. I a   |
| PD BEASON, R.R. TADERESS ST-ZP MERRY POINT V STD BAHOOSH, BAF  | in of registered agent and to have Tage OFFICERS AND DIRECT  JR.  VA                    | pylodie (NO) TORS DELETE            | 11: Registered Agent signature required 13.  1.1 Tiffle 12 NAME 13 STREFT ADDRESS 14 City-St-Zip 2 1 Tiffle 22 NAME  | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO Change                      | Jagent. I a   |
| PD BEASON, R.R. C RTE 611 ST-ZP MERRY POINT V STD BAHOOSH, BAF RTE 611   | ii chrojeleëd ag ei ac tek Tak<br>OFFICERS AND DIRECT<br>JR.<br>VA                      | pylodie (NO) TORS DELETE            | 11: Registered Agent signature required 13.  1.1 Tiffle 12 NAME 13 STREFT ADDRESS 14 City-St-Zip 2 1 Tiffle 22 NAME  | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO Change                      | Jagent. I a   |
| PD BEASON, R.R RTE 611 MERRY POINT N STD BAHOOSH, BAF RTE 611 MERRY POINT N STD BAHOOSH, BAF RTE 611 MERRY POINT N   | ii chrojeleëd ag ei ac tek Tak<br>OFFICERS AND DIRECT<br>JR.<br>VA                      | DELETE                              | 11: Registered Agent signature responses  13: 1.1 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 Title 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP  | paro of directors. I hereby accept the   | DATE<br>O OFFICERS AN                 | ND DIRECTO                             | DRS IN 12   |
| PD BEASON, R.R RTE 611 MERRY POINT V STD BAHOOSH, BAF RTE 611 MERRY POINT V STD BAHOOSH, BAF RTE 611 MERRY POINT V VD  | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | pylodie (NO) TORS DELETE            | 11. TITLE 12 NAME 13 STREFT ADDRESS 14 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREFT ADDRESS 24 CITY-ST-ZIP 3 TITLE  | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO Change                      | DRS IN 12   |
| PD BEASON, R.R. LADERESS TATIONESS LATIONESS BAHOOSH, BAF RTE 611 BAHOOSH, BAF RTE 611 WERRY POINT V VD SIMONS, JOSEF  | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | DELETE                              | 11. TITLE 12 NAME 13 STREFT ADDRESS 1.4 C/TY-ST-ZIP 2 TITLE 2 NAME 2 3 STREFT ADDRESS 2.4 C/TY-ST-ZIP 3 TITLE 3 2 NAME   | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO                             | DRS IN 12   |
| PD BEASON, R.R. LADERESS LATIDRESS L | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | DELETE                              | 11. TITLE 12 NAME 13 STREFT ADDRESS 1.4 CITY - ST - ZIP 2 1 TITLE 2 NAME 23 STREFT ADDRESS 24 CITY - ST - ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS  | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO                             | DRS IN 12   |
| PD BEASON, R.R.  RTE 611 ST-ZP ACTORESS | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | DELETE                              | 11. TITLE 12 NAME 13 STREFT ADDRESS 1.4 C/TY-ST-ZIP 2 TITLE 2 NAME 2 3 STREFT ADDRESS 2.4 C/TY-ST-ZIP 3 TITLE 3 2 NAME   | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO                             | DAS IN 12 DAS IN 12 Addit                               |
| NATURE STILLAR, SHELTS PROBLEM REPORTS STATE 611 MERRY POINT V STD BAHOOSH, BAF RTE 611 MERRY POINT V V SIMONS, JOSEF RTE 1 AYLETT VA  | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | DELETE                              | 11: Registered Agent signature required 13:  1.1 Tiffle 12 NAME 13 STREFF ADDRESS 1.4 City-St-Zip 2 1 Tiffle 22 NAME 23 STREFF ADDRESS 2.4 City-St-Zip 3 1 Tiffle 32 NAME 33 STREEF ADDRESS 3.4 City-St-Zip  | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO Change Change Change        | DRS IN 12 DRS IN 12 Addit                               |
| PD BEASON, R.R. TADDRESS TATIONESS   | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | DELETE                              | 11. Proportion of Signature responsible of Sig | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO Change Change Change        | DAS IN 12 DAS IN 12 Addit                               |
| NATURE  SIGNAL REPORT OF PRINTED AND PARTY POINT VICTOR STD BAHOOSH, BAF RTE 611  MERRY POINT VICTOR SIMONS, JOSEF RTE 1  LADDRESS RTE 1  AVLETT VA  | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | DELETE  DELETE  DELETE              | 11: Registered Agent signature responded by the Corporation's DC 13.  1.1 Tiffle 12 NAME 13 STREET ADDRESS 14 City-S1-ZiP 2 1 Tiffle 22 NAME 23 STREET ADDRESS 24 City-S1-ZiP 3 1 Tiffle 32 NAME 33 STREET ADDRESS 34 City-S1-ZiP 4 1 Tiffle 42 NAME 43 STREET ADDRESS 44 City-S1-ZiP  | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO Change Change Change Change | DRS IN 12 DRS IN 12 Additi                              |
| NATURE  SIGNAL REPORT OF PRINTED AND PARTY POINT VICTOR STD BAHOOSH, BAF RTE 611  MERRY POINT VICTOR SIMONS, JOSEF RTE 1  LADDRESS RTE 1  AVLETT VA  | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | DELETE                              | 11. Proportion Signature requirements of the proportion of the pro | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO Change Change Change        | DAS IN 12  DAS IN 12  Additi                            |
| PD BEASON, R.R. RTE 611 MERRY POINT V STD BAHOOSH, BAF RTE 611 MERRY POINT V STD SIMONS, JOSEF RTE 1 AVLETT VA   | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | DELETE  DELETE  DELETE              | 11: Registered Agent signature responded by the Corporation's DC 13.  1.1 Tiffle 12 NAME 13 STREET ADDRESS 14 City-S1-ZiP 2 1 Tiffle 22 NAME 23 STREET ADDRESS 24 City-S1-ZiP 3 1 Tiffle 32 NAME 33 STREET ADDRESS 34 City-S1-ZiP 4 1 Tiffle 42 NAME 43 STREET ADDRESS 44 City-S1-ZiP  | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO Change Change Change Change | DRS IN 12 DRS IN 12 Additi                              |
| NATURE  SIGNAL BENTO PROBLEM NO.  PD BEASON, R.R. A RTE 611 MERRY POINT N STD BAHOOSH, BAF RTE 611 MERRY POINT N VD SIMONS, JOSEF RTE 1 AYLETT VA  LADDRESS SL-7+  LADDRESS LA | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | DELETE  DELETE  DELETE              | 11. Proportion Signature required by the Corporation's DC 11. Title 12 NAME 13 STREFT ADDRESS 1.4 CITY-ST-ZIP 2 1 Title 22 NAME 23 STREFT ADDRESS 24 CITY-ST-ZIP 3 1 Title 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 Title 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 52 NAME   | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO Change Change Change Change | DRS IN 12 DRS IN 12 Additi                              |
| NATURE  SIGNAM, REPORTS PROBLEM NAME  ELADDRESS REE 611  MERRY POINT V  STD  BAHOOSH, BAF  RIE 611  MERRY POINT V  VD  SIMONS, JOSEF  RIE 1  AYLETT VA  LADDRESS  SL-74*  LADDRESS   | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | DELETE  DELETE  DELETE              | 11. Proportion Signature requirements of the proportion of the pro | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | ND DIRECTO Change Change Change Change | DRS IN 12 DRS IN 12 Additi                              |
| F PD BEASON, R.R. RTE 611 MERRY POINT VE STD BAHOOSH, BAF RTE 611 MERRY POINT VO SIMONS, JOSEF RTE 1 AYLETT VA   | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | DELETE  DELETE  DELETE  DELETE      | 11. Proportion Signature requirements of the proportion of the pro | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | D DIRECTO Change Change Change Change  | d agent. I ar   |
| F PD BEASON, R.R FI ADDRESS S1-ZIP BEAHOOSH, BAF RTE 611 MERRY POINT V STD BAHOOSH, BAF RTE 611 MERRY POINT V STD SIMONS, JOSEF FI ADDRESS RTE 1   | in of registered agent and for Lag<br>OFFICERS AND DIRECT<br>JR.<br>VA<br>RBARA         | DELETE  DELETE  DELETE  DELETE      | 11. Proportion Signature requirements of the proportion of the pro | uard or directors. I hereby accept the<br>pred when reinstating)<br>ADDITIONS/CHANGES TO | DATE<br>O OFFICERS AN                 | D DIRECTO Change Change Change Change  | DRS IN 12 DAddition Addition Addition Addition Addition |

SIGNATURE: Buba Affrod Barbara Bahoosh 2-27-96 305-359-