FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P20047

(7)

BESHACO, INC.

FILED							
Feb 10 1998 8:00am	ì						
Secretary of State							

Principal Place	e of Business	Mailing Address		- I HOOFINGE HA HAND BAINT DEFIN DINEN TEAL ENGIN	Statt offic bible bible film film offi
1380 28TH S		P.O. BOX 459			
VERO BEACH	1 FL 32960	VERO BEACH FL 32961 US		DO NOT WRITE IN TH	IIS SPACE
00		US		3. Date Incorporated or Qualified	TO OT AGE
				07/13/1988	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0032690	Not Applicable
Suite, Apt	W, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Chat		27		5. 354mode of States 255mod	Fee Required
City & State	в	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	[28] 7(p)	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	g, Name and Address of Current		30]	10. Name and Address of New Register	
BE	CTON, RONALD A.	- · ··• · · · · · · · · · · · · · ·	81 Name		
	02 NETTLE PATH DR.		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
	PIERCE FL 34951		Sileet Addi	ress (P.O. Box Number is Not Acceptable)	
			83		
İ			84 City		85 Zip Code
				F	·L ` `
11. Pursuant t	to the provisions of Sections 607.0502	and 607 1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registered
agent la	m familiar with, and accept the oblig-	tions of Section 607 0505, Flo	rida Statutes.	tion's board or directors. Thereby accept the t	appointment as registered
SIGNATURE	<u> </u>				ì
12.	Signature: typed or printed name of registered agen OFFICERS AND		Registered Agent signature requir		
TITLE	PD	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	BECTON, RONALD A.		1.2 NAME		ET change ET vocation
STREET ADDRESS	6002 NETTLE PATH DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY - ST - ZIP		
TITLE	STD	DELFTE	2.1 TITLE		Change Addition
NAME	SHAY, WILLARD R.		2.2 NAME		
STREET ADORESS	718 ROYAL GLEN DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	· · · · · · · · · · · · · · · · · · ·	2 4 CITY-ST-ZIP		
TITLE	D	DELETE	31 TITLE		Change Addition
NAME	COFFELT, ROBERT A.		3.2 NAME		
STREET ADDRESS	LAKEVIEW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK VA		3 4. CITY - ST - ZIP		
TITLE		☐ DECETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		İ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- Delet	4.4 CITY - ST - ZIP		
TITLE		DETETE	5.1 TITLE		L Change L Addition
CTREET ADDRESS			5.2 NAME		1
STREET ADORESS CITY-ST-ZIP			5.3 STREET ADDRESS		ł
TITLE		DELETE	54 CITY-ST-ZIP 61 TITLE		Change Addition
NAME		L_ DULLIL			CICINALIAS (CINCOLIO)
STREET ADDRESS			6.2 NAME		
			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 amount 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 2, or on an attachment with an address