

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 11 1997 8:00 am
Secretary of State

DOCUMENT # P20869 (4)
1. Corporation Name
STEVE BEASLEY CONSTRUCTION COMPANY



Principal Place of Business
15160 NIBLUCK TR
201 H
FT MYERS FL 33912

Mailing Address
15160 NIBLUCK TR
201 H
FT MYERS FL 33912-4046

2. Principal Place of Business
21 14410 HICKORY FAIRWAY CT.
Suite, Apt. #, etc.
22
City & State
23 FT. MYERS, FL
Zip
24 33912
Country
25 USA

2a. Mailing Address
26 14410 HICKORY FAIRWAY CT.
Suite, Apt. #, etc.
27
City & State
28 FT. MYERS, FL
Zip
29 33912
Country
30 USA

3. Date Incorporated or Qualified
09/13/1988

3a. Date of Last Report
06/10/1996

4. FEI Number
61-0989278

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PALEN, HOWARD
10181 SIX MILE CYPRESS PKWY
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name
JAMI L. BEASLEY
82 Street Address (P.O. Box Number is Not Acceptable)
14410 HICKORY FAIRWAY CT.
83
84 City
FT. MYERS
FL
85 Zip Code
33912

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Jami L. Beasley* (NOTE: Registered Agent signature required when reinstating) DATE 6/4/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PDS	BEASLEY, JAMI L	223 WOODCLEFT ROAD	LOUISVILLE KY 40222	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PDS	JAMI L. BEASLEY	14410 HICKORY FAIRWAY CT	FT. MYERS, FL 33912	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE *Jami L. Beasley* Jami Beasley President 4-28-97

CR2E034 (9/96)