

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P36389 (5)

1. Corporation Name  
BEV, INC.



Principal Place of Business

5111 ROGERS AVENUE  
SUITE 40-A  
FT. SMITH AR 72919-0155  
US

Mailing Address

5111 ROGERS AVENUE  
SUITE 40-A  
FT. SMITH AR 72919-0155  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/22/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

95-4100309

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature: Typed or printed name of registered agent and date of signature

Date: Registered Agent signature required when first filing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DC  
STREET ADDRESS BANKS, DAVID R.  
CITY - ST - ZIP 5111 ROGERS AVENUE, SUITE 40-A  
FT. SMITH AR

TITLE ☒ DELETE  
NAME EVD  
STREET ADDRESS WOLTILL, ROBERT D.  
CITY - ST - ZIP 5111 ROGERS AVENUE, SUITE 40-A  
FT. SMITH AR

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS HENDRICKSON, BOYD  
CITY - ST - ZIP 5111 ROGERS AVENUE, SUITE 40-A  
FT. SMITH AR

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS HOLLINGSWORTH, SCHUYLER JR.  
CITY - ST - ZIP 5111 ROGERS AVENUE, SUITE 40-A  
FT. SMITH AR

TITLE ☐ DELETE  
NAME VPD  
STREET ADDRESS STEPHENS, BOBBY W.  
CITY - ST - ZIP 5111 ROGERS AVENUE, SUITE 40-A  
FT. SMITH AR

TITLE ☐ DELETE  
NAME SEVD  
STREET ADDRESS POMMERVILLE, ROBERT W.  
CITY - ST - ZIP 5111 ROGERS AVENUE, SUITE 40-A  
FORT SMITH AR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
200001829562  
-05/20/96--01059--028  
\*\*\*200.00

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME VP  
2.3 STREET ADDRESS Mathies, William A.  
2.4 CITY - ST - ZIP 5111 Rogers Avenue, Suite 40-A  
Fort Smith, AR 72919-0155

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VPAS  
4.3 STREET ADDRESS MacKenzie, John W.  
4.4 CITY - ST - ZIP 5111 Rogers Avenue, Suite 40-A  
Fort Smith, AR 72919-0155

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME SEVP  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appointment with an address.

SIGNATURE:

*John W. MacKenzie*

John W. MacKenzie

4/25/96

501-484-8465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)