


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90241 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
DOCUMENT # P92000000785																																																																																																																													
1. Corporation Name BEYMER & BOND, INC.																																																																																																																													
Principal Place of Business 501 FAWN HILL PLACE SANFORD FL 32771			Mailing Address 501 FAWN HILL PLACE SANFORD FL 32771																																																																																																																										
DO NOT WRITE IN THIS SPACE																																																																																																																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24						2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/26/1992		4. FEI Number 65-0367868		Applied For <input type="checkbox"/> Not Applicable																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required																																																																																																																							
6. Election Campaign Financing — Trust Fund Contribution <input type="checkbox"/>						\$5.00 May Be Added to Fees																																																																																																																							
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																													
8. Name and Address of Current Registered Agent BEYMER, RONALD 501 FAWN HILL PLACE SANFORD FL 32771						10. Name and Address of New Registered Agent 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																													
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BEYMER, RONALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>501 FAWN HILL PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANFORD FL 32771</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BOND, CHARLENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>501 FAWN HILL PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANFORD FL 32771</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BEYMER, GARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>501 FAWN HILL PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANFORD FL 32771</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>												TITLE	P	<input type="checkbox"/> DELETE	NAME	BEYMER, RONALD		STREET ADDRESS	501 FAWN HILL PLACE		CITY-ST-ZIP	SANFORD FL 32771		TITLE	VP	<input type="checkbox"/> DELETE	NAME	BOND, CHARLENE		STREET ADDRESS	501 FAWN HILL PLACE		CITY-ST-ZIP	SANFORD FL 32771		TITLE	VP	<input type="checkbox"/> DELETE	NAME	BEYMER, GARY		STREET ADDRESS	501 FAWN HILL PLACE		CITY-ST-ZIP	SANFORD FL 32771		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>						1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42799 407-302-1534

Date

Daytime Phone #

CR2E034 (11/98)