

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90007 042 \*\*\*158.75

**DOCUMENT # P92000010226**

1. Corporation Name

**WORLD BEACH SUPPLY CORPORATION**

Principal Place of Business

P.O. BOX 20801  
TALLAHASSEE FL 32316

Mailing Address

P.O. BOX 20801  
TALLAHASSEE FL 32316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/07/1992**

4. FEI Number

**59-3154605**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**BUTLER, J. E.**  
**4952 SHANNON LAKES DR EAST**  
**TALLAHASSEE FL 32308**

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]* **CEO**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/29/99**

12. OFFICERS AND DIRECTORS

TITLE	CEOC	<input type="checkbox"/> DELETE
NAME	BUTLER, J.E.	
STREET ADDRESS	4952 SHANNON LAKES DR EAST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STVD	<input type="checkbox"/> DELETE
NAME	BUTLER, GENA C	
STREET ADDRESS	4952 SHANNON LAKES DR EAST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, DAVID B.	
STREET ADDRESS	102 OKLAHOMA ST	
CITY-ST-ZIP	LAFAYETTE LA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CALAI, RANDAL P.	
STREET ADDRESS	2473 MAIN HWY	
CITY-ST-ZIP	BREAUX BRIDGE LA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STRENTZ, MICHAEL R.	
STREET ADDRESS	115 CLAYMORE DR	
CITY-ST-ZIP	LAFAYETTE LA	
TITLE	CFOD	<input type="checkbox"/> DELETE
NAME	MIZE, BART	
STREET ADDRESS	1826 PEPPERTREE DR.	
CITY-ST-ZIP	ALCOA TN 37701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	

**RYAN P. BUTLER**  
**1516 SANDY ACRES TRAIL**  
**TALLAHASSEE, FL. 32311**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **CEO/CHAIRMAN** **1/29/99** **(850) 893-7641**

CR2E034 (11/98)