FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029850 (3)

1. Corporation Name
BEADNECKS, INC.

Principal Place of Business	Mailing Address
19966 WILKINSON LEAS ROAD TEQUESTA FL 33469	PO BOX 4032 TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0407890 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HATTON, MELINDA G
19986 WILKINSON LEAS ROAD
TEQUESTA FL 33469

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	HATTON, MELINDA G	12 NAME	
STREET ADDRESS	~~9980 WILKINSON LEAS ROAD~~	13 STREET ADDRESS	830 RIVERSIDE DRIVE
CITY ST ZIP	~~TEQUESTA FL 33469~~	14 CITY ST ZIP	STUART, FLORIDA 34994
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	MASSEY, JASON E	22 NAME	
STREET ADDRESS	~~9980 WILKINSON LEAS ROAD~~	23 STREET ADDRESS	830 RIVERSIDE DRIVE
CITY ST ZIP	~~TEQUESTA FL 33469~~	24 CITY ST ZIP	STUART, FLORIDA 34994
TITLE	AS	31 TITLE	☒ Change ☐ Addition
NAME	~~CONLEY, BUSH~~	32 NAME	CONLEY, ADA BUSH
STREET ADDRESS	13600 SW CONNES HWY.	33 STREET ADDRESS	
CITY ST ZIP	OKEECHOBEE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Ada Bush Conley ADA BUSH CONLEY 04/26/95 407-924-5651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0439172 FP