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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P93000039553 (1)**

1. Corporation Name
BEACH CATS, INC.

Principal Place of Business	Mailing Address
1542 DORADO DRIVE SUITE A KISSIMMEE FL 34741 US	1542 DORADO DRIVE SUITE A KISSIMMEE FL 34741 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1993
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business	2a. Mailing Address
21 1620 Columbia Arms Circle	26 1620 Columbia Arms Circle
Suite, Apt. #, etc. 22 Suite # 264	Suite, Apt. #, etc. 27 Suite 264
City & State 23 Kissimmee FL	City & State 28 Kissimmee FL
Zip 24 34741	Zip 29 34741
Country 25 US	Country 30 US

4. FEI Number: 59-3186151 ☐ 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	10. Name and Address of New Registered Agent
STAFFORD, CHARLES L. 1542 A DORADO DRIVE SUITE W202 KISSIMMEE FL 34741	81 Name: STAFFORD, Charles L. 82 Street Address (P.O. Box Number is Not Acceptable): 1620 Columbia Arms Circle 83: Suite 264 84 City: Kissimmee FL 85 Zip Code: 34741

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: April 24, 1995

Signature required of person appointed as registered agent, if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President ☒ Change ☐ Addition
NAME	HARDY, AHRRY	12 NAME	Hardy, Harry
STREET ADDRESS	4703 WINDWOOD DRIVE	13 STREET ADDRESS	20975 Country View Lane
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	Bend OR 97701
TITLE	VP	21 TITLE	Vice President ☒ Change ☐ Addition
NAME	STAFFORD, MARLENE M.	22 NAME	STAFFord, Marlene M.
STREET ADDRESS	1542A DORADO DRIVE	23 STREET ADDRESS	1620 Columbia Arms Circle #264
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	Kissimmee, FC 34741
TITLE	S	31 TITLE	Secretary ☒ Change ☐ Addition
NAME	STAFFORD, CHARLES C.	32 NAME	STAFFord, Charles L.
STREET ADDRESS	1542A DORADO DRIVE	33 STREET ADDRESS	1620 Columbia Arms Circle #264
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP	Kissimmee, FC 34741
TITLE	T	41 TITLE	Treasurer ☒ Change ☐ Addition
NAME	HARDY, CAROL	42 NAME	Hardy, Carol
STREET ADDRESS	4703 WINDWOOD DRIVE	43 STREET ADDRESS	20975 Country View Lane
CITY-ST-ZIP	KISSIMMEE FL	44 CITY-ST-ZIP	Bend, OR 97701
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: C.L. STAFFORD 4/24/95 (407) 935-0366

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0402(02) FP