

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000077397 (6)

1. Corporation Name

BEACON WOODS PLAZA, INC.



Principal Place of Business

12348 US HWY. 19 N.
HUDSON FL 34667

Mailing Address

12348 US HWY. 19 N.
HUDSON FL 34667

3. Date Incorporated or Qualified
11/09/1993

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 12350-2 U.S. 19

26 12350-2 U.S. 19

4. FEI Number
59-3217161

Applied For
Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

23 Hudson, Florida

28 Hudson, Florida

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 34667

25 Pasco

29 34667

30 Pasco

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, LORI
12348 US HWY. 19 N.
HUDSON FL 34667

81 Name Laurie Stafford

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

12350-2 U.S. 19

83

84 City HUDSON, FL.

FL

85 Zip Code 34667

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]

Laurie Stafford

1/17/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SFOUGGATAKIS, NICHOLAS A
STREET ADDRESS 12348 US HWY. 19 N.
CITY-ST-ZIP HUDSON FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

12350-2 U.S. Hwy 19 N.
Hudson, FL 34667

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 addition with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

DATE

869-9050

TELEPHONE

CR2E034 (12/95)