

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

DOCUMENT # P93000083311 (9)

1. Corporation Name

THE BEDS & BRASS COMPANY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 PM 3:37

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
1018 NORTH MONROE STREET TALLAHASSEE FL 32303		1018 NORTH MONROE STREET TALLAHASSEE FL 32303	

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

3. Date Incorporated or Qualified	3a. Date of Last Report
12/07/1993	03/18/1994
4. FEI Number	Applied For
59-3212739	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
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	
CARR, A S 358 MILESTONE DR. TALLAHASSEE FL 32312		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 _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CARR, ALBERT SCOTT	1.2 NAME	
STREET ADDRESS	358 MILESTONE	1.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL 32312	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	CARR, SHARON	2.2 NAME	
STREET ADDRESS	358 MILESTONE	2.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL 32312	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(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 attachment with an address.

SIGNATURE: *Sharon R Carr* VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sharon R Carr

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Chapters 1900000