

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathew
Secretary of State
Division of CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # P94000002713 (3)

1. Corporation Name

BEICO EXPORTING & IMPORTING, INC.

MAY -1 AM 8:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Office Location

**2126 W. HOVINGTON CIRCLE
P.O. BOX 19851
JACKSONVILLE FL 32245-9851**

Mailing Address

**2126 W. HOVINGTON CIRCLE
P.O. BOX 19851
JACKSONVILLE FL 32245-9851**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
01/04/1994

3a. Date of Last Report

not applicable

2. Principal Office Location

21

2a. Mailing Address

26

4. FEI Number

59-3221690

Applied For

Not Applicable

22. Filing Agent

22

27. State Agent

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23. City & State

23

City & State

28

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

24. City

24

City

29

Country

30

8. The corporation has liability for intangible tax under S. 193.02, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, EDDIE J
2126 W. HOVINGTON CR.
JACKSONVILLE FL 32246**

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 607.01(2) and 607.1505, 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 provisions of Section 607.01(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when changing)

Signature of Registered Agent (Required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME
ADDRESS
CITY & STATE

**DP
BROWN, EDDIE J
2126 W. HOVINGTON CR.
JACKSONVILLE FL 32246**

1. NAME
2. STREET ADDRESS
3. CITY & STATE

☐ Change ☐ Addition

NAME
ADDRESS
CITY & STATE

**DVST
HILL-BROWN, JACQUELINE J
2126 W. HOVINGTON CR.
JACKSONVILLE FL 32246**

1. NAME
2. STREET ADDRESS
3. CITY & STATE

☐ Change ☐ Addition

NAME
ADDRESS
CITY & STATE

1. NAME
2. STREET ADDRESS
3. CITY & STATE

☐ Change ☐ Addition

NAME
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1. NAME
2. STREET ADDRESS
3. CITY & STATE

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and claims no liability for the information stated in Section 193.02(1)(b), Florida Statutes. I further certify that the information included on the 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Eddie J. Brown

**Eddie J. Brown
President**

5-1-95

904-221-9623