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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P94000024478**1. Corporation Name

BEAVER CREEK VALLEY, INC.

## FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90038 018 \*\*\*150.00



Deir	ning! Plac	ce of Business	. Mailing Address				-	E IDDAIDDE ING IDDE DIDII SOIL SI	IN BOIL BOIL	I IIOH OKOH UKOK	10001 1011 1001
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	NW 73 PI		2430 NW 73 PL GAINESVILLE FL 32653-1299								
GAINESVILLE FL 32653-1299 US							DO NOT WRITE IN THIS SPACE				
and the second							3. Date Incorporated or Qualifed				
							03	3/28/1994			
2.	Principal P	Place of Business	2a. Mailing Address	i				El Number		A	oplied For
21			26				59	9-3241736		No	ot Applicable
	Suite, Apt.	Suite, Apt. #, etc.	f, etc.						\$8.75	Additional	
22	27						5. Ce	ertifcate of Status Desired		Fee Re	equired
	City & State City & State							ection Campaign Financing		\$5.00	May Be
23	. 28							ust Fund Contribution			to Fees
	Zip						8. Th	nis corporation owes the curr	ent year In	tangible	
24		. 25 29 30						ersonal Property Tax.		☐ Yes	□No
		9. Name and Address of Current	Registered Agent				10. Na	ame and Address of New F	Registered	Agent	
				{	B1	Name					
		INSON, W.G. JR.	•	-	B2 5	Street Address	ee (D O	Box Number is Not Accepta	hle)		
-		0 NW 73 PL 1442			`   `	Outer Monies	oa (Γ.Ψ.	. DOX HUMBER IS NOT ACCEPTE			
	GAI	NESVILLE FL 32653-1299		1	83				. '.	• • • •	74
				L			<del></del>	<u> </u>			* 1
		人名马克斯 医二氏性韧带	· · · ·	{	84 (	City			FL	85 Zip	Code
11.	Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the abo	ove-n	named corpor	ration su	ubmits this statement for the		changing its	registered
	office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the enligation	Florida. Such change was auti	norized I	by the	e corporation	n's board	of directors. I hereby accept	t the appo	intment as re	gistered
	* 1. 1. 1.							resident	1-5-	.aa	1
ŞIG	NATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R			ignature required w			DATE	<del>55 .</del>	
12.		OFFICERS AND		13.		·		DITIONS/CHANGES TO OF	FICERS AI	ND DIRECTO	ORS IN 12
TITLE		P	☐ DELETE	1.1 T/TL	E					☐ Change	Addition
NAME											
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		JOHNSON, W.G. JR.	•			OORESS					
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR BUNTED NAME OF SIGNING OFFICER OR DIRECTOR

COW.G.Johnson, Jr., President

1-5-99

Daytime Phone #

CR2E034 (11/98)