

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 # P94000026514 (7)

1. Corporation Name

BEAN'S TRANSPORTATION, INC.



Principal Place of Business

9536 PRINCETON SQUARE BLVD., SOUTH
APARTMENT 1808
JACKSONVILLE FL 32256

Mailing Address

9536 PRINCETON SQUARE BLVD., SOUTH
APARTMENT 1808
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified

04/05/1994

3a. Date of Last Report

08/04/1995

4. FEI Number

59-3239062

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAN, TIMOTHY D
8861 CHERRY HILL DRIVE
JACKSONVILLE FL 32221

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BEAN, TIMOTHY D
STREET ADDRESS 8861 CHERRY HILL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32221

1.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME BEAN, REGINALD S
STREET ADDRESS 9536 PRINCETON SQ. BLVD. SO., APT. 1808
CITY-ST-ZIP JACKSONVILLE FL 32256

12 NAME

TITLE VP ☐ DELETE

NAME BEAN, KEITH A
STREET ADDRESS 9536 PRINCETON SQ. BLVD. SO., APT. 1808
CITY-ST-ZIP JACKSONVILLE FL 32256

13 STREET ADDRESS

TITLE S ☐ DELETE

NAME BEAN, INEZ
STREET ADDRESS 9536 PRINCETON SQ. BLVD. SO., APT. 1808
CITY-ST-ZIP JACKSONVILLE FL 32256

14 CITY-ST-ZIP

TITLE AS ☐ DELETE

NAME BEAN, ORANGE
STREET ADDRESS 9536 PRINCETON SQ. BLVD. SO., APT. 1808
CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4-16-96

Date

(904) 730-2347

Daytime Phone #

CR2E034 (12/95)