SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000026514 (7)

BEAN'S TRANSPORTATION, INC.

Principal Place	e of Business	Mailing Address							(
8536 PRINCETON SQUARE BLVD., SQUTH APARTMENT 1808 JACKSONVILLE FL 32256		9536 PRINCETON SQUARE BLVD SQUTH APARTMENT 1808 JACKSONVILLE FL 32256		1	DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	3a. Date of		eport
a. Dinainal D	and D. Sierre	2a. Mailing Address				04/05/1994 4. FEI Number	⊥04/18/ _/	1996.	
2. Principal Pi	<u> </u>					1			pplied For of Applicable
Suite, Apt. #, etc. Suite, Apt.			, etc.			59-3239062	S!		Additional
27					5. Certificate of Status Desired	1 1 7	Fee Re		
City & State	City & State	State			8. Election Campaign Financing	\$	5.00	May Be	
23 28			T			Trust Fund Contribution		Added t	o Fees
Zip 24	Country 25	Zip 29	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered Agen	<u>t</u>	-
	an, timothy d		8	IT N	lame				
8861 CHERRY HILL DRIVE			8	2 S	treet Addre	ddress (P.O. Box Number is Not Acceptable)			
: JAI	CKSONVILLE FL 32221		8	3					
,									
			B	4 C	ity		FL 85	Zip (Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorized I	by th	amed corpo e corporatio	ration submits this statement for the p on's board of directors. I hereby accep	urpose of char of the appointm	nging its nent as	s registered registered
SIGNATURE	, , ,	•							
	Signature, typod or printed name of registered age			lgont si	gnature required	d when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS DELETE			13.		ADDITIONS/CHANGES TO OFFIC		ECTOR Change	S IN 12' Addition
NAME	BEAN, TIMOTHY D		1.2 NAM		İ			i ion igo	
STREET ADDRESS	8861 CHRRRY HILL DRIVE			ET ADO	DRESS				
CITY-ST-ZIP				1,4 CITY - ST - ZIP					
TITLE	TO DELETE		2.1 TITLE	2.1 TITLE				Change	Acdition
NAME	BE AN, REGINALD S			E					
STREET ADDRESS 9536 PRINCETON SQ. BLVD. SQ., APT. 1808			2.3 STRE	2.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32256	T DESERTE	2. 4 CITY		IP			hanna	Addition
TITLE	BEAN, KEITN A		3.1 TITLE	3.2 NAME				Change	L. Addition
NAME STREET ADDRESS	APAG BRUGARMAN AN BUILD ON THE			3.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32258	30., AFT. 1000	3.4. CITY		- 1				}
TITLE	\$	DELETE	4.1 TITLE					Change	Addition
NAME	BEAN, INEZ		4. 2 NAM	4E					
-STREET ADDRESS	9536 PRINCETON SQ. BLVD.	SO., APT. 1808	4 3 STAE	ET ADD	RESS				
CITY-ST-ZIP	JACKSONVILLE FL 32256		4.4 CITY	4.4 CITY-ST-ZIP					
TITLE	AS DELETE			5.1 TITLE			ЦC	Change	noilit bA
NÁME	BEAN, ORANGE	00 ADT 4000	5.2 NAM						
STREET ADDRESS	9536 PRINCETON SQ. BLVD.	50., API. 1808	5.3 STRE		ì				
CITY-ST-ZIP TITLE	ST-ZIP JACKSONVILLE FL 32256			-ST-Z	Р			Change	Addition
NAME		LJ MILL	6.1 TITLE 6.2 NAM.					. പ. പ്ര	الوليانية، بـــ
STREET ADDRESS			6.3 STRE		IRESS				

14. Ido 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 trusted 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 du an attachment with an address.

FILED

Sep 15 1997 8:00am

Secretary of State