

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Muram
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031725 (2)

1. Corporation Name

BESTAR FUNDING CORPORATION

Principal Place of Business

2051 ART MUSEUM DR.
SUITE 130
JACKSONVILLE FL 32207

Mailing Address

2051 ART MUSEUM DR.
SUITE 130
JACKSONVILLE FL 32207



2. Principal Place of Business

2a. Mailing Address

21 1914 Art Museum Drive 26 1914 Art Museum Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 Jacksonville, Florida 28 Jacksonville, Florida

24 Zip 25 Country 29 Zip 30 Country
32207 USA 32207 USA

9. Name and Address of Current Registered Agent

TOWERS, L. RANDALL
2051 ART MUSEUM DR.
SUITE 130
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

04/20/1994

3a. Date of Last Report

03/07/1995

4. FID Number

59-3247214

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

10. Name and Address of New Registered Agent

81 Name: Towers, L. Randall
82 Street Address (P.O. Box Number is Not Acceptable):
1914 Art Museum Drive
83
84 City: Jacksonville FL 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(2), 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 obligation of, Section 617.05(1), Florida Statutes.

SIGNATURE

Signature of Agent for Change of Registered Office

Signature of Agent for Change of Registered Agent

(Date)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME TOWERS, L. RANDALL
STREET ADDRESS 2051 ART MUSEUM DR., SUITE 130
CITY-STATE-ZIP JACKSONVILLE FL 32207

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-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)(b), Florida Statutes. I further certify that the information included 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 registered trustee or trustee-in-power to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment, as follows:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1 NAME D
TOWERS, L. Randall
1 STREET ADDRESS 1914 Art Museum Drive
14 CITY-STATE-ZIP Jacksonville, Florida 32207

☐ Change ☐ Addition

2 NAME
2 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Addition

3 NAME
3 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition

4 NAME
4 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

5 NAME
5 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

6 NAME
6 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

CR2E034 (12/95)

327-96

(904)399 0134