## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400050466

1. Corporation Name

BECKS MOBILE HOME PARK, INC.

Principal Place of Business	
ARE MORTH OIDACHAOD AUCKLIC	

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90226 049 \*\*\*150.00



Principal Place of Business Mailing Address							'i filli abili eiria	
125 NORTH RID DAYTONA BEAC	GEWOOD AVENUE CH FL 32115	125 NORTH RIDGEWOOD AVE DAYTONA BEACH FL 32115	6 North Ridgewood Avenue Ytona Beach FL 32115		DO NOT WRITE IN THE	S SPACE		
						3. Date Incorporated or Qualifed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
						07/06/1994		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
21		26				59-3259682	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	*	Additional
22		27				<b>V. O</b>		equired
City. & State		City & State				-6. Election Campaign Financing		May Be
23	Country	28 Zin	Countr			Trust Fund Contribution		to Fees
Zip	Country	Zip 30	7	y		<ol> <li>This corporation owes the current year !     Personal Property Tax.</li> </ol>	ntangibie ☐Yes	□No
24	9. Name and Address of Current		<u>)                                    </u>			10. Name and Address of New Registered		
	5. Name and Padroop of Salton		8-	1 Name		<u> </u>		
BECK	(S, BERRIEN H. SR.			C+	A -l -l	(D.O. Day Murchas in Not Assentable)		
	N. RIDGEWOOD AVENUE		82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
DAYT	ONA BEACH FL 32114		8:	3				
				4 03			. 85 Zip	Code
			84	4 City		F		0000
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth	orized by	y tne corp	corpor	ation submits this statement for the purpose of 's board of directors. I hereby accept the appropriate the state of the s	of changing its ointment as re	registered egistered
SIGNATURE								
	Signature, typed or printed name of registered agent			ent signature	required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
12.	PD OFFICERS AND	DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS F	[] Change	Addition
NAME	BECKS, BERRIEN H. JR.		1.2 NAME		-	-		_
STREET ADDRESS	125 N. RIDGEWOOD AVENUE			Et adoress				
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-			•		
TITLE	STD	☐ DELETE	2.1 TITLE		VPS	ST	Change	Addition
NAME.	BECKS, BERRIEN H. SR.		2.2 NAME		•	ks,Berrien H.SR.	••	
STREET ADDRESS	125 N. RIDGEWOOD AVENUE		2.3 STREE	ET ADDRESS	125	N. Ridgewood Ave.		1
CITY-ST-ZIP	DAYTONA BEACH FL		2. 4 CITY-			tona Beach, F1 3211	4	
_TITLE	D	DELETE	.3.1-TITLE				Change	Addition_
NAME	SCHNEBLY, CONNIE SUE		3.2 NAME					Ì
STREET ADDRESS	125 N. RIDGEWOOD AVENUE		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. CITY-	ST-ZIP				
TITLE	D ·	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	BECKS, JENNIFER COLLE		4. 2 NAME	Ē				
STREET ADDRESS	125 N. RIDGEWOOD AVENUE		4.3 STRE	ET ADDRESS				
CITY-ST-ZiP	DAYTONA BEACH FL		4.4 CITY-		ļ			Addition
TITLE	,	☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS	1			
CITY-ST-ZIP		□ DELETE	5.4 CITY- 6.1 TITLE		1		Change	Addition
TITLE		□ becele	62 NAME					Land . Landson
NAME				Et address				
STREET ADDRESS			0.0 STREE				•	ı

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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR