

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000056439 (0)**
1. Corporation Name

MARCELLA ANN BEECHING, P.A.



Principal Place of Business	Mailing Address
11 N MAGNOLIA AVE OCALA FL 34475	11 N MAGNOLIA AVE OCALA FL 34475

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	108 NORTH MAGNOLIA AVE	26	108 NORTH MAGNOLIA AVE	07/29/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 306		27 SUITE 306		59-3266797	
City & State		City & State		Applied For	
23 Ocala FL		28 Ocala FL		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24 34475	25 U.S.A.	29 34475	30 U.S.A.	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing	
SKALSKI, JOSEPH C ESQ				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
4500 140TH AVENUE NORTH				7. This corporation owes or has paid the current year Intangible	
SUITE 214				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
CLEARWATER FL 34622				8. Name and Address of New Registered Agent	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEECHING, MARCELLA A	1.2 NAME	
STREET ADDRESS	2212 NE 35TH STREET	1.3 STREET ADDRESS	1040 S.E. 6TH PLACE
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA FL 34471
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Marcella A Beeching* 7/6/98 352-840-0595

CR2E034 (5/98)

Marcella Ann Beeching

Attorney at Law
108 North Magnolia Avenue
Suite 306
Ocala, Florida 34475
(352) 840-0595

(2)

July 7, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

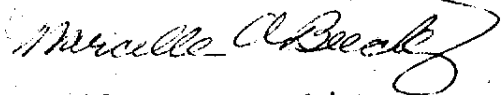
RE: Corporate Filing

To Whom It May Concern:

I have received a second notice for filing my 1998 Profit Corporation Annual Report. I was quite confused, since I had sent a check and my report in previously. However, I telephoned your offices and was told to send a check for \$150.00 and/or the canceled check to this address. Since I just moved my office the first of July, I am unable to locate my canceled checks, but have enclosed a check for \$150.00.

Thank you for your cooperation and prompt attention to this matter.

Sincerely



Marcella Ann Beeching

MAB/hs
Enclosure