

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064762 (5)**

1. Corporation Name
BECKSON, INC.

Principal Office Location: P.O. BOX 10394 BRADENTON FL 34282
Mailing Address: P.O. BOX 10394 BRADENTON FL 34282

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/01/1994** 3a. Date of Last Report
4. FEI Number: **23-2152366** 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: 26. Mailing Address:
21. State: Apt. # etc: 26. State: Apt. # etc:
22. City & State: 27. City & State:
23. City: 28. City:
24. County: 25. County: 29. County: 30. County:

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name: **FRANKLIN J. CONA**
82. Street Address (P.O. Box Number is Not Applicable): **3401 FL CONQUISTADOR PARKWAY**
83. City: **BRADENTON** FL 85. Zip Code: **34210**

11. Pursuant to the provisions of Sections 607 (0502) and 607 (1506), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change is 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 Sections 607 (0502) and 607 (1506) Florida Statutes.
SIGNATURE: *[Signature]* 3/15/95

12. OFFICERS AND DIRECTORS

12.1 NAME: D CONA, FRANKLIN J	12.2 STREET ADDRESS: 3401 EL CONQUISTADOR PARKWAY	12.3 CITY, ST. ZIP: BRADENTON FL 34210
12.4 NAME:	12.5 STREET ADDRESS:	12.6 CITY, ST. ZIP:
12.7 NAME:	12.8 STREET ADDRESS:	12.9 CITY, ST. ZIP:
12.10 NAME:	12.11 STREET ADDRESS:	12.12 CITY, ST. ZIP:
12.13 NAME:	12.14 STREET ADDRESS:	12.15 CITY, ST. ZIP:
12.16 NAME:	12.17 STREET ADDRESS:	12.18 CITY, ST. ZIP:
12.19 NAME:	12.20 STREET ADDRESS:	12.21 CITY, ST. ZIP:

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 12

13.1 OFFICE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY, ST. ZIP:
13.5 OFFICE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME:
13.7 STREET ADDRESS:
13.8 CITY, ST. ZIP:
13.9 OFFICE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME:
13.11 STREET ADDRESS:
13.12 CITY, ST. ZIP:
13.13 OFFICE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME:
13.15 STREET ADDRESS:
13.16 CITY, ST. ZIP:

14. I, the undersigned, certify that the information supplied on this filing is accurate, truthful and complete for the description stated in Sections 199.03(1)(b) Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that the signatories shall have the same legal effect as if made under oath. Each signatory is an officer or director of the corporation or the agent or broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that the name appears in Block 12 or Block 13 if change of name or office is being made with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95