

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 PM 3:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

100001534521
 -07/11/95--01060--006
 *****225.00 *****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000074652 (6)

1. Corporation Name
 BECKMAN/CLEVENGER INC.

Principal Place of Business
 ROUTE 1, BOX 3139
 CRAWFORDVILLE FL 32327

Mailing Address
 ROUTE 1, BOX 3139
 CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified 10/11/1994
 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 6 EAGLES NEST LAKE		26 22 DRAGON WOOD CIRCLE		59 3276469		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 CRAWFORDVILLE FL		28 CRAWFORDVILLE FL		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 32327 WAKULLA		29 32327 WAKULLA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKMAN, MORTON ROUTE 1, BOX 3139 CRAWFORDVILLE FL 32327				81 Name MORTON BECKMAN			
				82 Street Address (P.O. Box Number is Not Acceptable) 22 DRAGON WOOD CIRCLE			
				83			
				84 City CRAWFORDVILLE FL FL 85 Zip Code 32327			

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: Morton Beckman DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICK CLEVENGER	1 2 NAME	
STREET ADDRESS	139 HICKORY WOOD DR	1 3 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327	1 4 CITY - ST - ZIP	
TITLE	VICE PRESIDENT - SEC TREAS	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON BECKMAN	2 2 NAME	
STREET ADDRESS	22 DRAGON WOOD CIR	2 3 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327	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 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 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or any 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 person or persons 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: Morton Beckman DATE: 6-29 904-962-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)