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**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90117 023 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P94000074652

1. Corporation Name  
**BECKMAN/CLEVENGER INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 22 DRAGON WOOD CIRCLE CRAWFORDVILLE FL 32327  
 Mailing Address: 22 DRAGON WOOD CIRCLE CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified  
**10/11/1994**

2. Principal Place of Business: 21 **139 Hickory wood DR**  
 Suite, Apt. #, etc.  
 2a. Mailing Address: 26 **139 Hickory wood DR**  
 Suite, Apt. #, etc.

4. FEI Number: **59-3276469**  
 Applied For:  Not Applicable

23 **CRAWFORDVILLE FL**  
 City & State  
 28 **CRAWFORDVILLE FL**  
 City & State

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 **32327** 25 ~~32327~~ 29 **32327** 30 **U.S.**  
 Zip Country US Zip Country U.S.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**BECKMAN, MORTON**  
**22 DRAGON WOOD CIR**  
**CRAWFORDVILLE FL 32327**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>RICK CLEVENGER</b>
STREET ADDRESS	<b>139 HICKORY WOOD DR</b>
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>MORTON BECKMAN</b>
STREET ADDRESS	<b>22 DRAGONWOOD CIR</b>
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32227</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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, or of an attachment with an address, with all other like empowered.

SIGNATURE: **RICK CLEVENGER** 4-2-99 850-545-1811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)