

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra C. Marshall
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P94000077544 (2)**

1. Registered Name:

BECTON INVESTMENT GROUP, INC.

APPROVED
AND
FILED

95 MAY -1 7:10:44

REC'D
MEDICAL CLERK
MEDICAL CLERK

Principal Place of Business:

**1515 S. ORLANDO AVENUE
MAITLAND FL 32751**

Alternate Address:

**1515 S. ORLANDO AVENUE
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered

3a. Date of Last Report

10/21/1994

2. Previous Place of Incorporation

2a. Mailing Address

21

26

State: April 8, 1995

State: April 8, 1995

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECTON, BILLY J x
1515 S. ORLANDO AVENUE x
MAITLAND FL 32751 x**

81. Name

Daniel J Googins

82. Street Address (P.O. Box Number is Not Acceptable)

2501 S Bumby Avenue

83

84

City **Orlando**

FL

85

32806

11. Pursuant to the provisions of Sections 607.01(4)(c) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the street address or P.O. Box in the State of Florida. This change was authorized by the corporation's board of directors, hereby agreed this appointment as registered agent. I am authorized to accept this designation in Section 607.01(4)(c), Florida Statutes.

SIGNATURE

Daniel J Googins

Daniel J Googins

4/29/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95

NAME	D BECTON, BILLY J
STREET ADDRESS	1515 S. ORLANDO AVENUE
CITY, STATE, ZIP	MAITLAND FL 32751
NAME	D BECTON, PHYLLIS L
STREET ADDRESS	542-21 ORANGE DRIVE
CITY, STATE, ZIP	ALTAMONTE SPRINGS FL 32701
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
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14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and complies with the requirements stated in the laws of the State of Florida. I further certify that this information was filed on this annual report or supplemental annual report as true and correct and that my signature shall have the same legal effect as if it were made by the officer or director of the corporation or the incorporator or transfer agent provided for execution of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 and changed, or on an attachment with an address.

SIGNATURE:

Billy J. Becton
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

Typing Name