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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996 DIVISION OF CORPORATIONS								
DOCUMENT # P9400079433 (6)  GREAT BEGINNINGS, INC.									
						I MARINARI IIA MAKA RIBU ABUT ABU		iana lew an	
Principal Place	e of Business	Mailing Address							
SUITE 2002 SUITE 318				,					
SARASOTA FL 34243 US SARASOTA FL 34243 US						9 Data language and a Qualified	12		
US						3. Date Incorporated or Qualified 10/28/1994		te of Last R <b>04/27/19</b>	
	face of Business	2a. Mailing Address	<del></del>			4. FEI Number			Applied For
21	26					65-0532628			Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	#, etc.			5. Certificate of Status Desired			Additional	
City & State City & State						6. Election Campaign Financing		·	Required
23		28				Trust Fund Contribution			<b>0</b> May Be d to Fees
<i>Z</i> ip ∵∵i	Country	Zip	Cou	ntry		8. This corporation has liability for			
24	25   9. Name and Address of Curr	29	<u> </u>			Florida Statutes Yes	<b>7</b> ~0 ·-		
	5. Name and Address of Carl	ent negistered Agent		81	Name	10. Name and Address of New F	egistered	Agent	
SKLAV	er, ronald l		ļ						
8307 62ND STREET COURT EAST				82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 2002				83					
Sarasota Fl 34243				84	City			05 7.	o Codo
44 5					•		FL	1 1 1	p Code
or register	to the provisions of Sections 607,05i red agent, or both, in the State of Fic	02 and 607.1508, Florida Statuti orida. Such change was authoriz	es, the abored by the c	ve-na orpor	med corpo ration's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of ch	anging its registered	egistered office
Tell Tillings Wys	th, and accept the obligations of, Se	ction 607.0505, Florida Statutes	i	•		opposition of the second of th		770gi5t0i 00	agoni. Tan
SIGNATURE	Signature, typed or printed name of registered age	ent end title if applicable. (NC)	TE Registered	Agent s	signature require	d when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TRILE	DPST	🔀 DEFELE	1 1 1)	TLE		President		Change	Addition
NAME	SKLAVER, RONALD L 696 1ST AVE. NORTH, STE	: 201	1.2 NA			Ronald, Sklaver L,			•
STREET ADDRESS CITY-ST-ZIP	ST PETERSBURG FL 3370				DDRESS   &	307 6244 C+ #20	νc. 		
TILE	fresident-	DELETE	2. 1 TP	Y-\$1-	ZIP   >	avasota, Fl, 34		Change	[ ] Addition
NAME	SKIELVEY, Ronald L	7	2.2 NA					Grange	☐ Addition
STREET ADDRESS	880762nd (+ # 2	ONZ			DORESS				
CHY-ST-ZIP	Sarasata, FT. 30	Z43	2.4 CIT	Y - ST -	ZIP				
TITLE	,	☐ DELETE	3 1717	IL <del>E</del>			1	Change	Addition
NAME			3 2 NA						
STREET ADDRESS					DDRESS				
CiTY-ST-ZIP TITLE		DELETE	3.4 CH 4. 1 TH		ZIP		· <del></del> -	-1 (	
NAME			4.2 NA				ι	Change	☐ Add₁tion
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			4.4 CIT						
TITLE		☐ DELETE	5 1 11	LE				Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STF	REET AD	OORESS				
CITY-ST-ZIP TITLE		□ pp.crc	5.4 CIT		ZIP		<u>-</u>		
NAME		☐ DELETE	6 1 TIT				(	Change	Addition
STREET ADDRESS			62 NA/		marec				
CiTY-ST-ZIP			64 CIT						
	y certify that the information supplied the information indicated on this and	with this filing is voluntarily furni nual report or supplemental annu	shed and d	loes r	not qualify for and accura	or the exemption stated in Section 119.	07(3)(k), Flo	orida Statute	es. I further

certify that I am an officer or director of the corporation 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 13 or Block 13 if changed, or on an attachment with an address.

Ronald L Sklave - RONAS 1. SKLAVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/20/96 941-358-9236