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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000080086 (9)

FOUR BEES ENTERPRISES, INC.

Principal Place of Business Mailing Address 307 N GOMEZ AVE 307 N GOMEZ AVE **TAMPA FL 33609**

FILED Apr 08 1998 8:00am Secretary of State



TAMPA FL 33609 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/26/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0536813 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HADLOW, RICHARD B 220 S FRANKLIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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 Signature, typed or printed nume of registered agent and this if applicable red when reinstating) OF LICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE ☐ Change ☐ Addition NAME BUSCIGIO, MANUEL 1.2 NAME STREET ADDRESS 307 N. GOMEZ 1.3 STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition BELLUCIA, JOE NAME 2.2 NAME 5803 LAKE BEND AVE. STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition **BUSCIGLIO, GLORIA** NAME 3.2 NAME 307 N. GOMEZ STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL 33609 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME BELLUCIA, MONICA 4 2 NAME STREET ADORESS 5803 LAKE BEND AVE. 4.3 STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information indicated on this annual report officer or director of the corporation. ify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this poort as required by Chapter 907, Florida Statutes; and that my name appears in

SIGNATUR