

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010880 (9)

1. Corporation Name

BEKKA CORPORATION



Principal Place of Business

5215 HIGHWAY AVENUE
JACKSONVILLE FL 32254

Mailing Address

5215 HIGHWAY AVENUE
JACKSONVILLE FL 32254

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3308934

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FUSSELL, RONALD W
5215 HIGHWAY AVENUE
JACKSONVILLE FL 32254

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 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

(Signature required to be filed with this report. If the signature is not filed, the report will be rejected.)

(Print name, title, and address of the person whose signature is being filed.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FUSSELL, RONALD W	
STREET ADDRESS	5215 HIGHWAY AVENUE	
CITY-STATE-ZIP	JACKSONVILLE FL 32254	
TITLE	VSTD	☐ DELETE
NAME	WILLIAMS, RONALD D	
STREET ADDRESS	5215 HIGHWAY AVENUE	
CITY-STATE-ZIP	JACKSONVILLE FL 32254	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

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-06/24/96--01018--0033
***200.00

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)