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Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000011578 (8)

1. Corporation Name

BEHAN ENTERPRISES, INC.



Principal Place of Business

1711 SW 17TH ST  
STET A  
OCALA FL 34472  
US

Mailing Address

1711 SW 17TH ST  
STE A  
OCALA FL 34474-3500  
US

3. Date Incorporated or Qualified  
02/09/1995

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business

21 1713 E. Silver Springs Blvd

Suite, Apt. #, etc.

22 Suite 3

City & State

23 Ocala, FL

Zip

24 34470

Country

25 USA

2a. Mailing Address

26 1713 E. Silver Springs Blvd.

Suite, Apt. #, etc.

27 Suite 3

City & State

28 Ocala, FL

Zip

29 34470

Country

30 USA

4. FEI Number

59-3297325

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

BEHAN, MARY D  
2522 SW 27TH AVE.  
OCALA FL 34475

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

Signature (use 3 or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME BEHAN, MARY D  
STREET ADDRESS 3733 SE 17TH ST.  
CITY-ST-ZIP Ocala FL 34471

TITLE D ☐ DELETE

NAME BEHAN, BRIAN  
STREET ADDRESS 4 SPRING RADIAL  
CITY-ST-ZIP Ocala FL 34472

TITLE D ☒ DELETE

NAME SWANSON, WMEN L  
STREET ADDRESS 729 NE 17TH TERR.  
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 513 S.E. 18th St.  
2.4 CITY-ST-ZIP Ocala, FL 34471

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/97 352-622-9098

Date

Daytime Phone #

CR2E034 (9/96)