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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000033964 (4)

DOCUMENT # 1. Corporation Name

BEATTIE & BEATTIE, INC.

Principal Place of Business

Mailing Address



1044 MONTGOMERY ROAD ALTAMONTE SPRINGS FL 32714		1044 MONTGOMERY ROAD ALTAMONTE SPRINGS FL 32714				
				3. Date Incorporated or Qualified 05/02/1995	3a. Date of Last Report	
2. Principal Plac		2a. Mailing Address	^ ~	4. FEI Number	Applied For	
			000 0	<u> </u>		
27		Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	LAMONIE SPRING 12	28 DAVENPOT	FZ.	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zp 24 327,		Zip 29 ДЭ8Эつ 3	Country Lis	Florida Statutes 🗹 Yes	□No	
	9. Name and Address of Current	Registered Agent	641	10. Name and Address of New R	egistered Agent	
BEATTIE, SALLY 1044 MONTGOMERY ROAD ALTAMONTE SPRINGS FL 32714 B1 Nam 82 Stree				Address IP.O. Box Number is Not Acceptable. ROSE LOOD DRIVE		
VETVIN	DIVIE OF NINGS FE 327 14		84 City	PAVENFORT	FL ^{B5} Zip Code プラタンフ	
				470KIDA	FL " 35827	
 Pursuant to or registere familiar with 	o the provisions of Sections 607,0502 a ad agent, or both, in the Stato of Fiorida h, and accept the obligations of, Section	nd 607.1508, Florida S latut es, . Such change was auth oriz ed I n 607.0505, Florida Statu te s	the above-named co by the corporation's	rporation submits this statement for the pur board of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. I am	
SIGNATURE.	Signature, lyped or princed name of registered agent ar		Registered Agent signature re		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
TITLE	PD PEATTIC CALLY	DELETÉ	1. 1 TITLE	PD	Change Addition	
NAME	4044 MONTOOMEDY BOAD			PAME REATTLE SALLY A STREET ADDRESS 9 PASELUTED DR		
STREET ADDRESS 1044 MONTGOMERY ROAD				~		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32		1.4 CITY-ST-ZIF	DAVENGT. FZ	<u> </u>	
TITLE	VD	☐ DELETE	2. 1 TITLE		Ghenge Addition	
NAME			2 2 NAME	3 STHEEL ADDRESS 2 ROSEWOOD DE		
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32		2.4 CITY-ST-ZIP	DAVENPORT 12	3.7.8.3.7	
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CHY-ST-ZIF		F") bevere	3.4 CITY - ST - ZIP		Cupras D Addition	
TITLE		DELETE	4.1 TITLE		Criange	
NAME			4.2 NAME	60000181	ostra	
STREET ADDRESS			4.3 STREET ADDRESS	6000018 (-05/01/9601)	Ī0 4 027	
CHY-ST-ZIP		First Park	4.4 CITY - ST-ZIP	***200,00	Change () Addition	
TITLE		DETELE	5. 1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-7/P		[] no cit	5.4 CITY - ST - ZIP		Change Addition	
TITLE		DELETE	6. 1 TITLE		Change Addition	
NAME.			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-SI-7IP	and A. that the late week a series of	the title officer in contract of our late.	6.4 C(TY - ST - ZIP	life for the evenution stated in Casting 440	07/39/A Florida Statutos I further	
14 Ldo horoby	y certify that the information supplied withe information indicated on thisy innual am an officer or director of the corpora Block 12 or Block 13 if chart adi, or or	th this filing is voluntarily furnish I report or supplemental an nual Ition / the receiver or trustee e a / / tachment with an ad dress	od and dogs not out	alify for the exemption stated in Section 119 courate and that my signature shall have the te this report as required by Chapter 607, Fl	.07(3)(k), Florida Statutes. I furthe same legal effect as if made und lorida Statutes; and that my nam	