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Jan 28 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 # P95000058178 (1)

1. Corporation Name
BECK-DE PRATTER, INC.



Principal Place of Business
4505 BRENTWOOD AVE.
JACKSONVILLE FL 32206

Mailing Address
P.O. BOX 46686
JACKSONVILLE FL 32245-6566

3. Date Incorporated or Qualified 07/27/1995
3a. Date of Last Report 04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc

26 4505 BRENTWOOD AVE

4. FEI Number 59-3324543

Applied For
Not Applicable

22 City & State

27 JACKSONVILLE, FLA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip

Country

28 JACKSONVILLE, FLA

Zip

Country

24

25

29 32206

30 DUVAL

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

MILLER, JOHN MCE. ESQ
615 HIGHWAY A1A, SUITE 101
PONTE VEDRA BEACH FL 32082

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BECK, JOHN R
STREET ADDRESS 1801 OCEAN DRIVE S., #803
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME DEPRATTER, RANDY
STREET ADDRESS 1801 OCEAN DRIVE S., #803
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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

Date 1-21-97 Daytime Phone 904-3862801

CR2E034 (9/96)