

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000087190 (1)**

1. Corporation Name
BILL BEELER & SONS, INC.



Principal Place of Business 902 N ST FT MYERS BEACH FL 33931	Mailing Address 902 N ST FT MYERS BEACH FL 33901-2214
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2. Principal Place of Business 21 2531 SIMPSON ST Suite, Apt. #, etc.		2a. Mailing Address 26 2531 SIMPSON ST Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/13/1995	3a. Date of Last Report 05/02/1996
22 Fort Myers City & State		27 Fort Myers FL City & State		4. FEI Number APPLIED FOR 65-0661323	Applied For <input type="checkbox"/> Not Applicable
23 33901 Zip		28 Lee Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33901 Zip		29 Lee Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Lee Country		30 Lee Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BEELER, WILLIAM D 902 N ST FT MYERS BEACH FL 33931		10. Name and Address of New Registered Agent 81 Name William D. Beeler Same Registered 82 Street Address (P.O. Box Number is Not Acceptable) Agent Just Address Change 83 84 City FL 85 Zip Code	
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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 William D. Beeler William D. Beeler 4-29-97
Signature, typed or printed name of registered agent and fee 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	<input type="checkbox"/> DELETE	1.1 TITLE D NO CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEELER, WILLIAM D		1.2 NAME Beeler, William D	
STREET ADDRESS 902 N ST		1.3 STREET ADDRESS 2531 SIMPSON ST	
CITY-ST-ZIP FT MYERS BEACH FL 33931		1.4 CITY-ST-ZIP Fort Myers FL 33901	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: William D. Beeler William D. Beeler 4-29-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **941-277-9080**

CR2E034 (9/96)