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PROFIT **CORPORATION ANNUAL REPORT** 

1997

SIGNATURE:



FLORIDA DEFARTMEISTATE

Sandra B. Moi

**FILED** 

Apr 28 1997 8:00am

Secretary of State

Secretary of 5 DIVISION OF CORPONS

DOCUMENT # P9600007183 (2)

BILL BEVERLY ENTERPRISES, INC.

Principal Place of Business Mailing Address 822 STERLING OAKS BLVD 822 STERLING OAKS BLVD NAPLES FL 33963 NAPLES FL 34110-6213 3. Date Incorporated or Qualified 3a. Date of Last Report 01/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0638663 Sulte, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Zip Added to Fees Country Ctry This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes \( \bigcap \) Yo 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STEWART, JAMES C JR 81 Name 2121 COUNTY ROAD 951 Street Address (P.O. Box Number is Not Acceptable) **GOLDEN GATE FL 33999** 4 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the two-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorizing 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 States. SIGNATURE Signature, typed or printed name of registered agent and time if applicable (NOTE\_RegisterAgent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 1 Addition NAME BEVERLY, WILLIAM A 1.2 1/8 822 STERLING OAKS BLVD STREET ADDRESS 13 FET ADDRESS NAPLES FL 33963 CITY-ST-ZIP TITLE DELETE 2.1 Change Addition 221/1 STREET ADDRESS 23 STET ADDRESS CITY-ST-ZIP 2 4 Y-S1-ZIP TITLE DELETE 311 Change Addition NAME 3.2 N STREET ADDRESS 3.3 SEET ADDRESS CITY-ST-ZIP 3.4. AY- ST- ZIP TITLE DELETE 4.1 ff.E Change Addition NAME 4. 2#ME STREET ADDRESS 4.3 SNEET ADDRESS CITY-ST-ZIP 4.4 OTY-ST-2IP TITLE DELETE 5.1 TILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 OY-ST-7IP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6.4 CITY-ST-7IP

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