

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

FILED  
Jun 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000022698 (0)**

1. Corporation Name

**BESKIT CORPORATION**

Principal Place of Business

**13009 LAKE KARL  
HUDSON FL 34669  
US**

Mailing Address

**P.O. BOX 6179  
HUDSON FL 34674  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/12/1996**

4. FEI Number

**59-3364457**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 PRO FLORA RD.**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 SAME**  
Suite, Apt. #, etc.

City & State

**23 CLEARWATER FL.**

City & State

**28**

Zip

**24 33755**

Country

**25 PINELLAS**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**FLOYD, PAUL  
3322 CARLTON ARMS DR.  
TAMPA FL 33614**

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 10, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **P**  
NAME **KITSON, DEBRA**  
STREET ADDRESS **1900 FLORA RD.**  
CITY-ST-ZIP **CLEARWATER FL 33755**

☐ DELETE

TITLE **VP**  
NAME **BESHLER, ROBERT**  
STREET ADDRESS **P.O. BOX 4065**  
CITY-ST-ZIP **CLEARWATER FL W/A**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**3000002561730**  
**-06/16/98--01113--001**  
**\*\*\*150.00**

14. I 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

**Debra Kitson**

**2/16/98 8/13-412-2648**

CR2E034 (10/97)