

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

FILED

Apr 11 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 # **P96000029172 (9)**

1. Corporation Name

BUDGET BEEPERS & SERVICES, INC.

Principal Place of Business

**7550 PARK BLVD.
PINELLAS PARK FL 34865**

Mailing Address

**7550 PARK BLVD.
PINELLAS PARK FL 33781-3701**



3. Date Incorporated or Qualified

03/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 5237 PARK ST. N.

Suite, Apt. #, etc.

2a. Mailing Address

26 5237 PARK ST. N.

Suite, Apt. #, etc.

4. FEI Number

59-3378602

Applied For

Not Applicable

22

City & State

23 ST. PETERSBURG, FL

Zip

24 33709

Country

27

City & State

28 ST. PETERSBURG FL

Zip

29 33709

Country

30

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AUSTIN, DAVID A

7550 PARK BLVD.

PINELLAS PARK FL 34865

6721 26TH AVEN.

ST. PETE, FL 33710

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

TITLE **PD** ☐ DELETE

NAME **AUSTIN, DAVID A**
STREET ADDRESS **7550 PARK BLVD.**
CITY - ST - ZIP **PINELLAS PARK FL 34865**

TITLE **VT** ☐ DELETE

NAME **AUSTIN, KATHY L**
STREET ADDRESS **7550 PARK BLVD.**
CITY - ST - ZIP **PINELLAS PARK FL 34865**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☐ Addition

1.2 NAME **DAVID A. AUSTIN**
1.3 STREET ADDRESS **6721 26TH AVEN.**
1.4 CITY - ST - ZIP **ST. PETE, FL. 33710**

2.1 TITLE **VT** ☐ Change ☐ Addition

2.2 NAME **AUSTIN KATHY L.**
2.3 STREET ADDRESS **6721 26TH AVEN.**
2.4 CITY - ST - ZIP **ST. PETE, FL. 33710**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

DAVID AUSTIN

2-14-97

(813) 547-8266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0063960

CR2E034 (9/96)