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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000051301

Beal Brothers Construction, Inc.

Secretary of State

FILED 97 MAY - 1 AM 11: 25 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address				
2636 West Mission Road, L				
Tallahassee, Florida 3230	4			
			3. Date Incorporated or Qualified	3a. Date of Last Report
			06-17-96	,
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1627 Marcia Avenue	26 1627 Marcia	Avenue	59-330335	Not Applicable
Suite Apt # etc Suite, Apt. #, etc.			P. Cartificate of Other Desired	\$8.75 Additional
22 27			5. Certificate of Status Desired	Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be
²³ Tallahassee Florida	28 Tallahassee	Florida	Trust Fund Contribution	☐ Added to Fees
Z p Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032.
24 32310 25 Leon	29 32310	30 Leon	Florida Statutes	Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent
Michael E. Beal 81 Name Michael E. Beal				
2636 Mact Micram Pood Tot 1/5 [82] Street Address (P.O. Box Number is Not Acceptable)				
Tollahagas Florida 2220/			Marcia Avenue	
laitanassee, riorida 5250	4	63		
		B4 City		leel Zin Code
		Tallal	nassee	FL 32310
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s the above-named cor	noration cultimite this statement for the ru	rpose of changing its registered
office or registered agent, or both, in the State agent. Lam familiar with, and accept the obligation	of Florida. Such change was ai tions of Section 607 0505. Flo	uthorized by the corpora rida Statutes	ition's board of directors. I hereby accept	the appointment as registered
SIGNATURI				
Signal Ordinary or typed or professionance of registered again	t and tile if applicable (NOTE	Registered Agent signature requ	red when reinstating)	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
President	DELETE	1.1 TITLE		Change Addition
Michael E. Beal		1.2 NAME		
STREET ASCENIE 1627 Marcia Avenue		1.3 STREET ADDRESS		
CHY ST 200 Tallahassee, FL 32		1.4 CITY - ST - ZIP		·
Vice President	☐ DEL e te	2.1 TITLE	9000021	61599 - H
Terrell W. Beal		2 2 NAME	-05/01/3	3701028026
STREET ALDRESS 1627 Marrossa. Avenue		2 3 STREET ADDRESS	****16	5.00 ****165.00
Tallahassee, Flori		2 4 CITY-ST-ZIP		
list rational distriction of the state of th	DELETE	3.1 TITLE		Change Addition
NAME.		3.2 NAME		
SING LACORONS		0.0.010161.4000500		
C3Y \$1 70		3.3 STREET ADDRESS		1
TINE		3.4 CITY-ST-ZIP	•	
1.11	☐ DELETE			☐ Change ☐ Addition
NAME	☐ DELETE	3.4 CITY-ST-ZIP	•	Change Addition
	☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	•	Change Addition
STREET ALCOHESIS	☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	•	Change Addition
	-	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	•	
SPECIALORISE CITY 83-20 THE	☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	•	Change Addition
STREET ACCIDENCE ONLY ST. 20 FOLE NAME	-	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	•	
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SPECIAL OFFICE CHY SUZE FALE NAME SINCE (ACORE S) CPO SUZE IFALE NAME	L_] DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		Change Addition
STREET ACRESS CITY STIZE FREE NAME STREET ACRESS CRESS ZZE TREET TREET TREET TREET	L_] DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

I have any early that the information supplied with this timing does not quality 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 12 or Block 13 if changes are only in attachment with an address.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR