

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000057952 (9)**  
1. Corporation Name  
**BEDDOW GROUP, INC.**

Principal Place of Business	Mailing Address
3925 W. KENNEDY BLVD. TAMPA FL 33609	3925 W. KENNEDY BLVD. TAMPA FL 33609-2721

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

3. Date Incorporated or Qualified 07/08/1996	3a. Date of Last Report
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4. FEI Number	Applied For
59-3389914	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent		81	Name
BEDDOW, RICHARD R 3925 W. KENNEDY BLVD. TAMPA FL 33609		82	Street Address
		83	
		84	City

**10. Name and Address of New Registered Agent**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (P.O. Box Number is Not Acceptable)  
\_\_\_\_\_  
\_\_\_\_\_

**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDDOW, RICHARD R	1.2 NAME	
STREET ADDRESS	3925 W. KENNEDY BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33609	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDDOW, CAMITA P	2.2 NAME	
STREET ADDRESS	3925 W. KENNEDY BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33609	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDDOW, SCOTT A	3.2 NAME	
STREET ADDRESS	3925 W. KENNEDY BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33609	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDDOW, RICHARD R JR.	4.2 NAME	
STREET ADDRESS	3925 W. KENNEDY BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33609	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIS, PATRICIA E	5.2 NAME	
STREET ADDRESS	3925 W. KENNEDY BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33609	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, TONYA K	6.2 NAME	
STREET ADDRESS	3925 W. KENNEDY BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33609	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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/96)