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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90038 032 \*\*\*300.00

## DOCUMENT # P96000057952

1. Corporation Name

BEDDOW GROUP, INC.

<u> </u>					. <u>.                                   </u>				
Principal Plac	e of Business	Mailing Address	<del>-</del>	· · ·		-! C'IMMISMA sem imein matte batts matt	4111 68191 81	**** ***** ****	21719 1187 1281
3925 W. KENNEDY BLVD. 3925 W. KENNEDY BLVD.									
TAMPA FL 33609 TAMPA FL 33609						DO NOT WRIT	E IN THIS !	SPACE	
						3. Date incorporated or Qualifed			
						07/08/1996			
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ar	plied For
	lace of Desiriose	26				59-3389914			t Applicable
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.								\$8.75	Additional
22						5. Certifcate of Status Desired		Fee Re	quired
City & Star	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23						Trust Fund Contribution	<u></u>	Added 1	to Fees
Zip	Country	Zip	Count	У		8. This corporation owes the curre			
24	25		30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Ro	egistered A	igent	<del></del>
מרח	DOM BICHARD D		8	1 Nam	е			•	
BEDDOW, RICHARD R			8	2 Stree	et Addre	ess (P.O. Box Number is Not Acceptate	ole)		
	5 W. KENNEDY BLVD.		Ļ						
IAW	IPA FL 33609		8	3					
			. 8	4 City				85 Zip	Code
				_L		pration submits this statement for the p	<u>FL</u>		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Ag	ent signatu	re required	when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	 DR\$ IN 12
 :MLE <del>522</del> 2	T =				چنت و بن				
NAME	BEDDOW, RICHARD R		1.2 NAME						
STREET ADDRESS	AGGE ME MENTEN BLUE		.1.3 STRE	ET ADDRES	is .		خادر - ع		
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY-	_			•	-	
TITLE	S	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	BEDDOW, CAMITA P		2.2 NAME						
STREET ADDRESS	AAAR W. WENNERSY OUND		2.3 STRE	ET ADDRES	ss				
CITY-ST-ZIP	TAMPA FL 33609		2.4 CITY	-ST-ZIP					
TITLE	VP	☐ DELETE	3.1 TITLE	!				☐ Change	☐ Addition
NAME	BEDDOW, SCOTT A		3.2 NAME						
STREET ADDRESS	3925 W. KENNEDY BLVD.		3.3 STRE	ET ADDRES	iS				
CITY-ST-ZIP	TAMPA FL 33609		3.4. CITY	-ST-ZIP					
TITLE	VP	☐ DELETE	4.1 TITLE					Change	Addition
NAME	BEDDOW, RICHARD R JR.		4, 2 NAM	E					
STREET ADDRESS	!	•	4.3 STRE	ET ADDRES	is				
CITY-ST-ZIP	TAMPA FL 33609		4.4 CITY					<del></del>	
TITLE	VP	☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME	GILLIS, PATRICIA E		5.2 NAME						
STREET ADDRESS				ET ADORE	×S .				
CITY-ST-ZIP	TAMPA FL 33609		5.4 CITY-				<del> </del>		A 1 1 2 2 2
TITLE	VP	☐ DELETE	6.1 TITLE		l			☐ Change	☐ Addition
NAME	CRAWFORD, TONYA K		6.2 NAME						
STREET ADDRESS	3925 W KENNEDY BLVD.		6.3 STRE	ET ADDRE	ا کذ				

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

**TAMPA FL 33609**