1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000063444

1. Corporation Name

BEAN/MOBLEY COMPANY, INC.

Principal Place of Business

Mailing Address

May 05, 1999 8:00 am Secretary of State

05-05-1999 90232 005 ***158.75



6005 BENJAMIN ROAD TAMPA FL 33634		6006 Benjamin Road Tampa FL 33634			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 07/30/1996				
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number			Apr	lied For
21 5025	The Mansel. Cu	26 5025 W. L	26 5025 W. Lemon St.			59-3395517			Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.	75 A	dditional
22		27				5. Certifcate of Status Desired	⊠	Fε	ee Rec	uired
City & State	e	City & State				6. Election Campaign Financing		\$5	.00	May Be
23 TAN	<u>^</u>	28 Tampa Fi				Trust Fund Contribution				Fees
Zip Country		Zip Country				8. This corporation owes the curr	rent year Inta	ngible		
24 3360	25 USA	29 33609 30 USA				Personal Property Tax.				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent				
			81	N	lame					
KREISCHER, ALBERT C JR			-	<u>_</u>	15 5 1-1-	(D.O. D. M. sharin No. Accord	-blo\			
1407	W BUSCH BLVD		82	5	treet Addre	ress (P.O. Box Number is Not Accepta	able)			
TAM	PA FL 33612		83	†						
			84	С	City		FL	85	Zip C	ode
						I the state of the		hanai	no ito	rogistored
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 agen	t and title if applicable. (NOTE: Rec	istered Apen	nt sigi	nature requirer	d when reinstating)	DATE			
12. OFFICERS AND DIRECTORS			13.	<u>-</u>		ADDITIONS/CHANGES TO OF	FICERS AND	DIRE	CTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE					Cha	ange	☐ Addition
NAME	BEAN, THOMAS J	ľ	1.2 NAME]					
STREET ADDRESS	3612 BERGER ROAD		1.3 STREE		DRESS					
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-S	T-ZIP	,					
TITLE	D	☐ DELETE	2.1 TITLE					Cha	ange	Addition
NAME	MOBLEY, MICHAEL C		2.2 NAME							
STREET ADDRESS	P O BOX 273924 N/A		2.3 STREET		DRESS :					1
CITY-ST-ZIP	TAMPA FL 33688				. و					
TITLE	174H1 74 1 E 00000	☐ DELETE	3.1 TITLE					Cha	ange	Addition
NAME	3.21		3.2 NAME							
STREET ADDRESS		1	3.3 STREET ADDRESS		DRESS					
CITY- \$T-ZIP			3.4. CITY-ST-ZIP							
TITLE			4.1 TITLE					Cha	ange	Addition
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS		ORESS					
		1	4.4 CITY-S)					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE					Cha	ange	☐ Addition
NAME			5.2 NAME		- 1					
STREET ADDRESS			5.3 STREET	TADO	ORESS					
CITY-ST-ZIP			5.4 CITY-S	ST-ZIF	,					
TITLE	<u></u>	☐ DELETE	6.1 TITLE					Cha	ange	Addition
NAME			6.2 NAME						-	
NAME .			63 STREET	TADE	DRESS					İ

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.

CITY-ST-ZIP

813-589-2266