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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000063610 (5)

1. Corporation Name
A BEKA BOOK, INC.

Principal Place of Business
250 BRENT LANE
PENSACOLA FL 32503

Mailing Address
250 BRENT LANE
PENSACOLA FL 32503



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1996

4. FEI Number
59-3391229

Applied For
Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HORTON, ARLIN R DR
250 BRENT LANE
PENSACOLA FL 32503

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 D
NAME HORTON, ARLIN R DR
STREET ADDRESS 250 BRENT LANE
CITY-ST-ZIP PENSACOLA FL 32503 ☐ DELETE

TITLE D
NAME HORTON, REBEKAH MRS
STREET ADDRESS 250 BRENT LANE
CITY-ST-ZIP PENSACOLA FL 32503 ☐ DELETE

TITLE D
NAME GARLOCK, FRANK W DR
STREET ADDRESS 1274 SHADOW WAY
CITY-ST-ZIP GREENVILLE SC 29615 ☐ DELETE

TITLE D
NAME MUTSCH, GREGORY D DR
STREET ADDRESS 2703 WOOD BREEZE
CITY-ST-ZIP CANTONMENT FL 32533 ☐ DELETE

TITLE D
NAME MULLENIX, JOEL
STREET ADDRESS 28 CUMMINGS
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE D ☒ Change ☐ Addition
52 NAME MULLENIX, JOEL
53 STREET ADDRESS 3236 WINDMILL CIRCLE
54 CITY-ST-ZIP CANTONMENT FL 32533

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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.

SIGNATURE

Dr. Arlin R. Horton 4/24/98

(850) 478-8480

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