

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90046 011 ***150.00

DOCUMENT # P96000063610

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 BOX 19100

Suite, Apt. #, etc.

27 City & State

28 PENSACOLA FLORIDA

Zip

29 32523-9100

Country

30 US

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 ☐ DELETE

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

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

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

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

TITLE
D
NAME
MULLENIX, JOEL
STREET ADDRESS
3236 WINDMILL CIRCLE
CITY-ST-ZIP
CANTONMENT FL 32533

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
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
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED ARLIN R. HORTON

(850)478-8480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)