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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000064329 (1)**

J.W. BEAVER, INC. Principal Place of Business Mailing Address 4651 25TH AVENUE 4651 25TH AVENUE ST. PETERSBURG FL 33713-3123										
							3. Date Incorporated or Qualified 07/31/1996	3a. Date of L	ast Re	port
	Place of Busi	ness	2e. Mailing	Address			4. FEI Number	<u> </u>		lied For
21 Suite. An			26 Suite A	Suite, Apt. #, etc.			<u> 59-3393076</u>			Applicable ditional
22	4 11,000		27	pt. 11, 010.			5. Certificate of Status Desired		ee Req	
City & Sta	ale			City & State			Election Campaign Financing \$5.00 May Be			
3			28				Trust Fund Contribution Added to Fees			
Zip			 	Zip 30		ry	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	9. Name	25 and Address of C	urrent Registered Ag	ent	1301		10. Name and Address of New Re			
WA	TKINS, CAR	IL T CPA			- 8	1 Name				
		I SPRINGS ROAD			8:	2 Street Ad	Idress (P.O. Box Number is Not Acceptat	ole)		-
STE										
TAI	MPA FL 336	34			. 8:	3				
					84	4 City		FL 85	Zip Ci	ode
SIGNATURE	Stgradore type	d or crinted name of register	ed agent and the if applicable S AND DIRECTORS	(NO			orporation submits this statement for the pration's board of directors. I hereby acception and the properties of the pro	DATE CERS AND DIRE	CTORS	S IN 12
THEE	D		[DELETE	1.1 THLE	- 1		Ch	ange	Addition
NAME		JOEL W II TH AVENUE			1.2 NAME	1				
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STREET ADDRESS	8				6.3 STRE	ET ADDRESS				

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 path; that I am an officer or director of the corporation or the receives 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 by on an adaptment with an address.

SIGNATURE:

URE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate Daytime Phone #

FILED

May 22 1997 8:00am

Secretary of State