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FILED

Apr 29 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 # P96000073991 (7)

1. Corporation Name

BEACON FINANCIAL SERVICES, INC.



Principal Place of Business

13001 SPRING HILL DR
SPRING HILL FL 34609

Mailing Address

13001 SPRING HILL DR
SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

59-3401953

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

2a. Mailing Address

21 2506 Commerce Ave

26 POB 15622

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Spring Hill FL
24 34609 25 US

27 City & State
28 BROOKSVILLE, FL
29 34609 30 US

9. Name and Address of Current Registered Agent

RUFFES, CHRISTOPHER
13001 SPRING HILL DR
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name RUFFES, CHRISTOPHER

82 Street Address (P.O. Box Number is Not Acceptable)
2506 Commerce Ave

83

84 City Spring Hill FL 85 Zip Code 34609

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 CHRISTOPHER RUFFES

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registration)

DATE

4/19/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME RUFFES, CHRISTOPHER
STREET ADDRESS 2506 COMMERCE AVE
CITY-ST-ZIP SPRING HILL FL 34609 ☐ DELETE

TITLE D
NAME RUFFES, MARGARET M
STREET ADDRESS 2506 COMMERCE AVE
CITY-ST-ZIP SPRING HILL FL 34609 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE Christopher Ruffes 4/19/98 352191919

CR2E034 (10/97)