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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700002481

WALLY BEGLEY MAINTENANCE, INC.

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90046 004 ***150.00



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Principal Pla	ace of Business	Mailing Address			C results the tests about agilt agilt agilt agilt agilt agilt (185 1887
	EETBAY DRIVE	8300 S.E. SWEETBAY			
HOBE SOUND	D FL 33455	HOBE SOUND FL 334	55		DO NOT WOITE IN THIS ORACE
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					1
2. Principal	Place of Business	2a. Mailing Address			01/10/1997 4. FEI Number 1 Applied For
	riace of business	26. Maining Address			Sales I I I I Applied I Origin
Suite, Apt	t # etc	Suite, Apt. #, etc.		·	65-0732567 Not Applicable
	# , C .C.	 			5. Certificate of Status Desired \$8.75 Additional
City & Sta	ato	City 6 Ctata	- ·		Fee Required
	ale	City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28		,	Frust Fund Contribution Added to Fees
·		Zip	Cou	ntry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Cu			04 N	10. Name and Address of New Registered Agent
REC	GLEY, WALLY	· · · · · · · · · · · · · · · · · · ·		81 Name	
2 0 0 0 C	OO S.E. SWEETBAY DRIVE	ok		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
					to the state of th
по	BE SOUND FL 33455			83	15位约16部。1697部391321431491组组组组的16
				84 City	
,					FI 85 ZIP Code
11. Pursuant	t to the provisions of Sections 607.	0502 and 607.1508, Florida St	atutes, the at	ove-named co	orporation submits this statement for the purpose of changing its registered
OTHOG OF	registered agent, or both, in the St am familiar with, and accept the ob	ale oi rionda. Such chande wa	as allinorized	DV the comora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
		ga	i sonda otate	·es.	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (N	NÖTE: Registered	Agent signature requi	uired when reinstating)
12.	Signature, typed or printed name of registered	agent and title if applicable. (N	NOTE: Registered	Agent signature requi	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	Signature, typed or printed name of registered		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	13.	.E	
12.	Signature, typed or printed name of registered OFFICERS P BEGLEY, WALLY	AND DIRECTORS	13. 1.1 TIT 1.2 NA	E Æ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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 chapped, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PROPER SIGNING DEFICER OR DIRECTOR BEGIEV 1-28-99 1-561-288-

CR2E034 (11/98)