

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

FILED
May 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
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DOCUMENT # **P97000006217 (8)**

1. Corporation Name:
BEAVER LODGE PRODUCTS, INC.



Principal Place of Business 183 COUNTY ROAD TWENTY WHITE CITY FL 32465	Mailing Address 183 COUNTY ROAD TWENTY WHITE CITY FL 32465
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1997

4. FEI Number

☒ 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

**HOUGH, MARION S
143 ROAD TWENTY
WHITE CITY FL**

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 official, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, VICTORIA S	
STREET ADDRESS	PO BOX 873, AMERICUS STREET	
CITY-ST-ZIP	PORT ST JOE FL 32458	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUGH, RANSOM D	
STREET ADDRESS	PO BOX 13651 N/A	
CITY-ST-ZIP	MEXICO BEACH FL 32410	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, PATRICK J	
STREET ADDRESS	PO BOX 475 N/A	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARPER, PEGGY	
STREET ADDRESS	274 W. CHERRY AVE.	
CITY-ST-ZIP	WHITE CITY FL 32465	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEDLIN, CYNTHIA	
STREET ADDRESS	520 NINTH STREET	
CITY-ST-ZIP	PORT ST. JOE FL 32458	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, JAMES (JAY)	
STREET ADDRESS	347 BAY STREET	
CITY-ST-ZIP	ST. JOE BEACH FL 32458	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Patrick J. Ryan* *April 26, 1998* *(850) 722-4675*

CR2E034 (10/97)