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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019644 (8)

BETSY, INC.

FILED
Jan 22 1998 8:00am
Secretary of State

021011						1818 (81) 8 81) 1 818 1 818 1 88	
Principal Place of Business		Mailing Address	Mailing Address		T OBBIHBBI OF TOUCH COUNT OBIEF BUILT OBIUL		
1605 MAIN STREET. SUITE 912 1805 MAIN STREE SARASOTA FL 34236 SARASOTA FL 34.					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualified		
					03/04/1997		
2. Principal Place of Business 2a. Mailing Address				,,	4. FEI Number	Applied For	
21 26					65-0733365	Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
22 27 City & State City & State						Fee Required	
23 28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			Coun	trv	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.	Yes 🔀 No	
	g. Name and Address of Curr				10. Name and Address of New Registers	d Agent	
SC	OVILL, H. WILLIAM		8	11 Name	•		
1805 MAIN STREET, SUITE 912 SARASOTA FL 34236			ε	Street Add	tress (P.O. Box Number is Not Acceptable)		
]			3 (13			
			ε	4 City		85 Zip Code	
		~			F		
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.							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered a		Ser 6		ired when reinstating) DATE		
12.		ND DIRECTORS	13.	rgeni signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITU		100.110.101.101.101.101.101.101.101.101	☐ Change ☐ Addition	
NAME	CALHOUN, ELIZABETH B		1.2 NAM	E			
STREET ADDRESS	7936 OAK GROVE CIR.		1.3 STAE	ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY	- ST-ZIP)}	
TITLE		☐ DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAM	E	•		
STREET ADDRESS		0	2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY	r-st-zip			
TITLE	I		3.1 TITL			Change Addition	
HAME			3.2 NAM	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		Thrire		-ST-ZIP		[] Oleman [] 4 4 100	
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NAME			4. 2 NAN				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY		100000000000000000000000000000000000000	Change Addition	
NAME		v	5.1 TITLE 5.2 NAM	Ş.		Origings [1] Mutition	
STREET ADDRESS						ļ	
				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE			Change Addition	
NAME		in vereit	6.2 NAM	1			
STREET ADDRESS			1	et address			
CITY-ST-ZIP			6.4 C/TY				
+*** V1"#"			■ Q.T VIII	Q1 - 4-11		i i	

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 changes or on an anachment with maddless.

Block 12 or Block 13 if changagor on an atlachment with an address.