## 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

P97000020121 (4) DOCUMENT #

FL

, Name and Address of Current Registered Agent

Country

u.S

BECKMAN PAVING, INC.

Principal Place of Business

1144 VIKING DRIVE PORT ORANGE FL 32119

2. Principal Place of Business

SOUTH DAYTONA

Sulte, Apt. #, etc.

City & State

23

536 ALICE PLACE

Mailing Address

2a. Mailing Address

City & State

 $Z_{1D}$ 

Suite. Apt. #. etc.

26

29

P.O. BOX 214515 SOUTH DAYTONA FL 32121

## **FILED** Apr 30 1998 8:00am Secretary of State DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1997 Applied For 59~34415°05 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent BECKHAN

AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 City SOUTH 84 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 beard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. RICHARD BECKHIAN SIGNATURE gnature, typed or printed name of registered agent and tide if appli-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE BECKMAN, RICHARD C NAME 1.2 NAME 536 Alice Place 1144 VIKING DRIVE STREET ADDRESS 1.3 STREET ADDRESS Daytora, FL 32119 **PORT ORANGE FL 32119** CITY-ST-ZIP 1.4 CITY - ST - ZIP SID DELETE Change TITLE 2.1 TITLE Addition BECKMAN, MARY S 2.2 NAME Alice Place 1144 VIKING DRIVE STREET ADDRESS 2.3 STREET ADDRESS PORT ORANGE FL 32119 4tona, FL 32119 CITY-ST-ZIP 2. 4 City - St - ZiP DELETE Addition TITLÉ 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 63 STREET ADDRESS 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 13 if changed, or on an attachment with an address.

Country

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