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

P97000052456 (5) DOCUMENT #

THE BEECKLER GROUP, INC.

Principal Place of Business

Mailing Address

FILED May 18 1998 8:00am Secretary of State



9428 BAYMEADOWS ROAD #112 JACKSONVILLE FL 32256		9428 BAYMEADOWS ROAD #112 JACKSONVILLE FL 32256				
*WOUGHMAIL!	LE FL 38430	JACKSONVILLE PL 32	270		DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified 06/12/1997	
2. Principal Pl	ace of Business	2a. Mailing Address			A CEL Number	Applied For
21		26	26		59.3454 106	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	Hry	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔀 No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	d Agent
	& L CORP.				Homs F. BEECKLER	
200 LAURA ST Jacksonville FL 32202				Street Add	dress (P.O. Box Number is Not Acceptable)	
			Ţ	ופם	10172 112	
			ħ	A City	ACKSONVILLE F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607 050	02 and 607 1508 Florida Stat	utes the ab			of changing its registered
office or re	egistered agent, or both, in the State	of Florida Such change was	s authorized	by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
			riuliya statt	nes.	4,	120lax
SIGNATURE	Signature typed by philited name of registered ag	ont and title it applicable (N	OTE: Registered	Agent signature requ	uired when reinstating) DATE	7700
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TiT	LE		Change Addition
NAME	BEECKLER, THOMAS F		1.2 NA	VIE		إ
STREET ADDRESS	9428 BAYMEADOWS ROAD	#112	1.3 STR	EET ADDRESS		
CITY-\$T-ZIP	JACKSONVILLE FL 32256		1.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	2.1 1(1)	Æ		☐ Change ☐ Addition C
NAME			2.2 NAI	ME)
STREET ADDRESS			2 3 STR	EET ADDRESS		
CITY-ST-ZIP			2.4 CI	Y-ST-ZIP		
TITLE		☐ DELETE	3.1 TITU	.E		Change Addition
NAME			3.2 NA)	ME		1
STREET ADDRESS			3.3 STA	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	4.1 TITU	.E		Change Addition
NAME			4.2 NA	ME		1
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	5.1 TITE			Change Addition
NAME			5.2 NA	1		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP		T 20160		Y-ST-ZIP		
TITLE		DELETE	6.1 TIT(☐ Change ☐ Addition
NAME			6.2 NAM	ı		∤ ∙
STREET ADDRESS				EET ADDRESS		Į
CITY-ST-ZIP				Y-ST-ZIP	0	
14. I hereby c	entity that the information supplied v	vito tois filina does not aualdy	ror the exer	notion stated in	n Section 119.07(3)(i), Florida Statutes, I further	certify that the information 1

Indicated on this annual report or supplience with this timing does not qualify on the exemption stated in Section 119.0/13/(f), Florida Statutes. Further certify that the information indicated on this annual report or supplience 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 a parchiment with an address.

Thomas F. BE.EKKEN

GNATURE:

SIGNATURE: