

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90019 007 ***150.00

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1. Entity Name
BEAVER HOLDING COMPANY



Principal Place of Business
**11540 HIGHWAY 92 EAST
SEFFNER, FL 33584**

Mailing Address
**11540 HIGHWAY 92 EAST
SEFFNER, FL 33584**

94025094



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3467719

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEYER, DAVID A.
%PIPER MARBURY RUDNICK & WOLFE, LLP
101 E KENNEDY BLVD., STE 2000
TAMPA, FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SEAMAN, JEFFREY
STREET ADDRESS 6475 EAST JOHNS CROSSING
CITY-STATE-ZIP DULUTH, GA 30097

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 400 Perimeter Center Terrace, Suite 800
CITY-STATE-ZIP Atlanta, GA 30346

TITLE V ☐ Delete
NAME FINKEL, JEFFREY
STREET ADDRESS 6475 EAST JOHNS CROSSING
CITY-STATE-ZIP DULUTH, GA 30097

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 400 Perimeter Center Terrace, Suite 800
CITY-STATE-ZIP Atlanta, GA 30346

TITLE DVST ☐ Delete
NAME STEIN, LEWIS
STREET ADDRESS 11540 HWY 92 E
CITY-STATE-ZIP SEFFNER, FL 33584

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE V ☐ Delete
NAME KETTLE, J. MICHAEL
STREET ADDRESS 6475 EAST JOHNS CROSSING
CITY-STATE-ZIP DULUTH, GA 30097

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 400 Perimeter Center Terrace, Suite 800
CITY-STATE-ZIP Atlanta, GA 30346

TITLE ☐ Delete
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CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis Stein VP

2-25-04

(813) 623-5400

Date

Daytime Phone #