

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**  
09-21-1999 90017 013 \*\*\*550.00

**DOCUMENT # P97000094499**

1. Corporation Name

**BEASON TRUCKING, INC.**



Principal Place of Business

2750 GLEN MAWR ROAD  
JACKSONVILLE FL 32207

Mailing Address

2750 GLEN MAWR ROAD  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1997

4. FEI Number

59-3486575

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 3766 PEACH DRIVE

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, FL

Zip

24 32246

Country

25 DUVAL

2a. Mailing Address

26 3766 PEACH DRIVE

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FL

Zip

29 32246

Country

30 DUVAL

9. Name and Address of Current Registered Agent

GORRELL, JOANN  
2750 GLEN MAWR ROAD  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name **CHRISTY L. BEASON**

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

3766 PEACH DRIVE

83

84 City

JACKSONVILLE

FL

85 Zip Code

32246

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 *Christy L. Beason*

**CHRISTY L. BEASON**

9-13-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D BEASON, PAUL**

STREET ADDRESS **2750 GLEN MAWR ROAD**

CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE

NAME **D PEACOCK, PAMELA**

STREET ADDRESS **2750 GLEN MAWR ROAD**

CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **D BEASON, PAUL**

1.3 STREET ADDRESS **3766 PEACH DR**

1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32246**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Pamela P. Peacock* **PAMELA P. PEACOCK** 9-13-99

CR2E034 (5/99)

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