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 99 SEP 30 AM 10: 28 SECRETARY OF STATE TALLAMASSEE, FLORIDA

Corporation BEGLEY	S PRO SERVICES, INC	00095269 C		( 	i
incinal Plac	e of Business	Mailing Address			
219 CHESTERHILL CIRCLE		7219 CHESTERHILL CIRCLE	<b>:</b>		
T. DORA FL 32757		MT. DORA FL 32757	-	1	
				DO NOT WRITE II	N THIS SPACE
				3. Date Incorporated or Qualified 11/05/1997	
Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Through trace of bosiness		26		59-3479910	Not Applicable
Suite, Apt	#, etc	Suite, Apt #, etc.	—	5. Certificate of Status Desired	\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & Stat	ři.	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
<b>7</b>	Country	28	Country	Trust to the Continuation	Added to Fees
Zip	Country 25	Ζφ 29	Country 30	<ol> <li>This corporation owes the current y         Intangible Personal Property.     </li> </ol>	year ☐ Yes ☐ No
	9. Name and Address of C		1301	10. Name and Address of New Regis	
			81 Name		·
	LEY, CARL E		62 Street Add	trace (P.O. Roy Number is Not Acceptable)	
7219 CHESTERHILL CIRCLE				ress (P.O. Box Number is Not Acceptable)	106068 c
MI	DORA FL 32757		83	-111/05/	99UIU84UIU
			84 City		0.00 ****SS0.00
			1 1 - 7		FL ( )
	I to the provisions of sections 60 registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.1508, Florida Statute e State of Florida. Such change was a e obligations of, section 607.0505, Flo	es, the above-named corporat authorized by the corporat orida Statutes.	oration submits this statement for the purpo- tion's board of directors. I hereby accept the	e appointment as registered
ignature L	Signature, typed or printed name of registe OFFICE	ered agent and little if applicable. (NO RS AND DIRECTORS	OTE Registered Agent signature rec		DATE RS AND DIRECTORS IN 12
IGNATURE L LE	Signature, typed of printed name of register OFFICE	erred agent and little if applicable. (NO	DTE Registered Agent signature red 13. 11 TITLE	quired when reinstating)	DATE RS AND DIRECTORS IN 12
IGNATURE !: :E vii	Signature, typed of printed name of register OFFICE PD BEGLEY, CARL E	erred agent and little of applicable. [NO RS AND DIRECTORS	DTE Registered Agent signature red 13. 11 TITLE 1.2 NAME	quired when reinstating)	DATE RS AND DIRECTORS IN 12
IGNATURE L LE ME GELLADORISS	Seguative, typed of printed name of registe OFFICE PD BEGLEY, CARL E 7219 CHESTERHILL CIRC	erred agent and little of applicable. [NO RS AND DIRECTORS	TE Registered Agent signature red  13. 11TiTLE 1.2 NAME 13 STREET ADDRESS	quired when reinstating)	DATE RS AND DIRECTORS IN 12
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Therety denity that the information supplied with this limits does not quality for the exemption stated in section 119.07(5)(i), richidal statutes. I further certify that the information supplied that it is included to the same legal effect as if made under cality 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 flock 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE:

9.15-99 407-884733 (
Date Daytime Prone #