04211999-90156-030-$150.00-$150.00

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90156 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000006752

1. Corporation Name
BEACH CONCEPTS, INC.

Principal Place of Business	Mailing Address
4801 OSPREY DR. S. UNIT 403 ST. PETERSBURG FL 33771	4801 OSPREY DR. S. UNIT 403 ST. PETERSBURG FL 33771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1998 59-3492214

4. FEI Number: [redacted] ☐ 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 Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 364 BELLEAIR DR. N.E.	26 364 BELLEAIR DR. N.E
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST. PETERSBURG FL	City & State 28 ST. Petersburg, FL
Zip 24 33704 Country 25	Zip 29 33704 Country 30

9. Name and Address of Current Registered Agent

JUDSON, CARLA H
4801 OSPREY DR. S.
UNIT 403
ST. PETERSBURG FL 33771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 364 BELLEAIR DR NE.
83 ST. PETERSBURG FL
84 City FL 85 Zip Code 33704

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President CARLA H. JUDSON 4801 OSPREY DR.S UNIT 403 ST. PETERSBURG FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President CARLA H. JUDSON 364 BELLEAIR Dr. NE. ST. PETERSBURG FL. 33704	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Kenneth L. Judson 4801 OSPREY DR.S UNIT 403 ST. PETERSBURG FL 33704	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE-PRESIDENT Kenneth L. Judson 364 BELLEAIR Dr. NE. ST. PETERSBURG FL 33704	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (1.1/98)

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, with all other like empowered.

SIGNATURE: Carla H. Judson REQUIRED 3.1.99 (727) 363-6701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CARLA H. JUDSON, President