

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000017686

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## FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90237 043 \*\*\*150.00

BEA & PETRA, INC. Principal Place of Business Mailing Address 2420 HILTON DRIVE 2420 HILTON DRIVE NAVARRE FL 32566 NAVARRE EL 32566 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 02/20/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3499040 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8, This corporation owes the current year Intangible
Personal Property Tax. Country Zio □No Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MOORE, BERT 62 Street Address (P.O. Box Number is Not Acceptable) 1150 JOHN SIMS PARKWAY NICEVILLE FL 32578 83 City 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 ared Agent signeture rec Signature, typed or printed name of registered agent and title if applical ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Change Addition DELETE 111111 TITLE CR2E034 STURDIVANT, BEATRIX 1 2 NALE NAME 2420 HILTON DRIVE 1.3 STREET ADDRESS STREET ADDRESS NAVARRE FL 32566 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE GARNER, PETRA 22 NAME NAME 2420 HILTON DRIVE 2.3 STREET ADDRESS STREET ADDRESS NAVARRE FL 32566 2.4 CITY-51-ZIP CITY-ST-ZIP Change Addition □ DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORES 3.4. CITY-ST-ZIP CITY-ST-ZIP Change --- Addition DELETE \*\*\* 4.1 TITLE TILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TIME TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change 61 TR F □ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 tegal 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 aptress, with all other like empowered.

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