## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FI ORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000021156

1. Corporation Name

BEACON HILL DEVELOPMENT, INC.

Principal Place of Business Mailing Address								
1637 EAST VINE ST., STE. E KISSIMMEE IFL 34744  1637 EAST VINE ST., STE. E KISSIMMEE FL 34744						DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualifed 03/05/1998		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Α	pp ied For
21		26				59-350436		lot Applicable
	, Af it. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Additional Required
City & S ate City & State						6. Election Campaign Financing	\$5.00	Ntay Be
23		28				Trust Fund Contribution	Addec	l to Fees
Zip	Country	Zip	Cour	ıtry		8. This corporation owes the current year l	ntangible	<b>\</b> /
24	25	29	30			Personal Property Tax.	Yes	No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registere	d Agent	
5.0	0115 111150 5			81	Name			
BASQUE, JAMES F					Street A	cdress (P.O. Box Number is Not Acceptable)		
1637 EAST VINE ST., STE. E								
KISSIMMEE FL 34744								
				84	City		. 85 Zip	Code
						<u> </u>	-	
l office crr	to the provisions of Sections 607.050 egistered agent, or bo h, in the State m familiar with, and accept the obligations.	ct Florida. Such change was a	uthonzed	by I	the corpo	crporation submits this statement for the purpose ration's board of directors. I hereby accept the app	ointment as r	reg stered
SIGNATUFE								i
	Signature, typed or printed na ne of registered age			Agent	signature re	qi irəd when reinstating) DATE	ND DIDECT	OUR IN 12
12.	OFFICERS AN	DELETE	13.	_		ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE		☐ DECE 15	1 1 TITI			D, P A. WAYNE RICH	Criange	,
NAME			1 2 NA			GIZ N. HIGHLAND AVE		
STREET ADDRESS			9					
CITY-ST-ZIP				1.4 CITY-ST-ZIP		ORLANDO, FL	Change	Addition
TITLE .		☐ DELETE				STEVEN M. VEHRS	Change	, LI, Madillori
NAME			2.2 NA			1637 EAST VINE ST., S.	TE	E
STREET ADDRESS					- 1	KISSIMMEE, FL		
CITY-ST-ZIP		□ DELETE	2. 4 CF	_			Change	Addition
TITLE			3.1 TIT	LE		<b>ら、</b> エ		
NAME			3.2 NA	ME 		JEAN KEENE 2300 ABSHER ROAD		
STREET ADDRESS						ST CLOUD, FL		
CITY-ST-ZIP		□ DELETE	3.4, CI 4,1 TIT		1-ZIP	3, 232-27 1 2	☐ Change	e Addition
TITLE								_ "
NAME			4. 2 NA		ADODECC			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CIT 5.1 TIT		- ZIP		Change	Addition
TITLE			5.1 III					

6.4 CITY-ST-ZIP It is filing does not qualify for the exemption stated in Section 119.0°(3)(i), Florida Statutes. I further pertify that the ir formation hual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and tha my name appears in ent with an address, with all other like empowered. 14. I hereby certify that the information surindicated on this annual report or sure officer or director of the corporablock 12 or Block 13 if change

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5.3 STREET ADDRESS

63 STREET ADDRESS

5 4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

407.846.4533

☐ Addition

☐ Change

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90010 012 \*\*\*150.00