

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

DOCUMENT # **P98000034343**

1. Corporation Name

BEE INC.

Principal Place of Business

1155 N NARCOOSSEE RD
ST. CLOUD FL 34771

Mailing Address

1155 N NARCOOSSEE RD
ST. CLOUD FL 34771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

2. Principal Place of Business

70 NORTH KENANSVILLE

2a. Mailing Address

PO BOX 254

4. FEI Number

59-3507772

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

KENANSVILLE FLA

City & State

KENANSVILLE FLA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

34739

Country

USA

Zip

34739

Country

USA

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SUTTER, BERNARD R
3036 BIG SKY BLVD
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name **RUTH M. MOFFITT**
82 Street Address (P.O. Box Number is Not Acceptable)
190 COULTER DR.
83
84 City **KENANSVILLE** FL 85 Zip Code **34739**

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

Signature, typed or printed name of registered agent (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GUERRERA, JOSEPH J**

STREET ADDRESS **2865 GODWIN ROAD**

CITY-ST-ZIP **ST. CLOUD FL 34772**

TITLE **STD** ☐ DELETE

NAME **MOFFITT, RUTH M**

STREET ADDRESS **1155 N NARCOOSSEE RD**

CITY-ST-ZIP **ST. CLOUD FL 34771**

TITLE **VD** ☐ DELETE

NAME **HUTCHISON, JAMES SR**

STREET ADDRESS **106 MISSISSIPPI AVE**

CITY-ST-ZIP **ST. CLOUD FL 34769**

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 **RUTH M. MOFFITT** (STD) **7-29-1999**

407436
7-29-1999 0205

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90010 001 ***550.00



CR2E034 (5:99)