

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90064 047 ***150.00

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1. Entity Name

LUMAN E. BEASLEY AUCTIONEERS, INC.



Principal Place of Business

3234 KEGLER DR
JACKSONVILLE FL 32216

Mailing Address

3234 KEGLER DR
JACKSONVILLE FL 32216

40011100



2. Principal Place of Business - No P.O. Box #

2229 Ironwood Dr

Suite, Apt. #, etc.

Jacksonville, FL

City & State

32216

USA

Zip

Country

3. Mailing Address

2229 Ironwood Dr

Suite, Apt. #, etc.

Jacksonville, FL

City & State

32216

USA

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3571959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEASLEY, LUMAN
3234 KEGLER DRIVE
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.

SIGNATURE

L.E. Beasley - Luman E. Beasley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-06-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME BEASLEY, LUMAN ☐ Delete
STREET ADDRESS 3234 KEGLER DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VPS
NAME BEASLEY, MEGAN ☐ Delete
STREET ADDRESS 3234 KEGLER DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2229 Ironwood Drive
CITY-ST-ZIP Jacksonville, FL 32216

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2229 Ironwood Drive
CITY-ST-ZIP Jacksonville, FL 32216

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

L.E. Beasley - Luman E. Beasley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-06-07 904-730-3795