

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 30 PM 12:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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-04/03/95--01029--014
****100.00 ****100.00**

DO NOT WRITE IN THIS SPACE.

DOCUMENT # S17202 (0)

1. Corporation Name

BECK ADMINISTRATIVE SERVICES, INC.

Principal Place of Business

**3523 REED STREET
PALATKA FL 32177**

Mailing Address

**256 HWY 17 N.
PALATKA FL 32177
US**

3. Date Incorporated or Qualified

11/26/1990

3a. Date of Last Report

06/06/1994

4. FET Number

59-3037398

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PICKENS, JOE H.
222 NORTH THIRD STREET
PALATKA FL 32177**

81 Name

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

83

84 City

FL

85 Zip Code

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 must be printed name of registered agent and date of application

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	YOUNKER, DARYL
STREET ADDRESS	256 HWY 17 N.
CITY- ST- ZIP	PALATKA FL
TITLE	VSTD
NAME	BECK, CARL C.
STREET ADDRESS	256 HWY. 17 N
CITY- ST- ZIP	PALATKA FL
TITLE	VP
NAME	SLOAN, PRESTON B
STREET ADDRESS	256 HWY. 17 N.
CITY- ST- ZIP	PALATKA FL
TITLE	VS
NAME	SLOAN, BRADLEY
STREET ADDRESS	1601 EDMOOR
CITY- ST- ZIP	PALATKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (3)(3)(k), 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: Daryl R. Younker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95

904-328-8863

Daryl R. Younker, President