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

officer or director of the corporation Block 12 or Block 13 if changed, or

SIGNATURE:

Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)S31774 BEACH CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 4454 SW 41ST BLVD P.O. BOX 141960 **GAINESVILLE FL 32808** GAINESVILLE FL 32614-1860 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3048833 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 25 Yes 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BEACH, DAVID A 21581 N.W. 75TH AVENUE ROAD Street Address (P.O. Box Number is Not Acceptable) RT. 2. BOX 562 MICANOPY FL 32667 City Zip Code 85 ida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ringe was authorized by the corporation's board of directors. I hereby accept the appointment as registered 7.05.05, Florida Statutes. Pursuant to the provisit office or registered age agent. I am I March 9, 1998 David A Beach SIGNATURE 12. ND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE 11 TITLE BEACH, DAVID A NAME 1.2 NAME RT 2 BOX 562 STREET ADDRESS 1.3 STREET ADDRESS MICANOPY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition 2.1 TITLE TITLE BEACH, DONNA P NAME 2.2 NAME RT 2, BOX 562 2.3 STREET ADDRESS STREET ADDRESS MICANOPY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY+ST-ZIP Change DELETE ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Change DELETE ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP 6.4 CITY-ST-ZIP y for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information suindicated on this annual report or sup

David A Beach 3-9-98

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