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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S47755**

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

BEEHIVE ENTERPRISES INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 8002	POST OFFICE BOX 8002
NANDINA BCH. FL 32034	FERNANDINA BCH, FL 32034

Country

9. Name and Address of Current Registered Agent

25

AMELIA PLANTATION VILLAGE AMELIA ISLAND FL 32034

REED, JONATHAN J.

2a. Mailing Address

Suite, Apt. #, etc.

City & State:

26

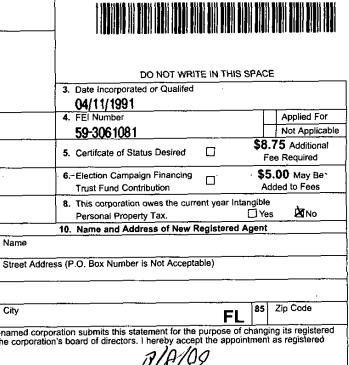
27

28

Zip

FILED Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90142 040 ***150.00



507,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered field. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Flo miliar with, and (NOTE: Redistered Agent signature required w ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ERS AND/DIRECTORS 13. 12 Addition ☐ Change ☐ DELETE 1.1 TITLE TITLE REED, JONATHAN J. 1.2 NAME 2281 CLINCH DRIVE 1.3 STREET ADDRESS STREET ADDRESS FERNANDINA BCH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY+ST-ZIP CITY-ST-ZIF Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

Country

81 Name

82

83

84 City

30

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ICER OR DIRECTOR

CR2E034 (11/98)