

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

DOCUMENT # **S52982** (3)

1. Corporation Name

BEACHSIDE VENTURES INC.

05 MAY - 1 11 1991

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**100 RIALTO PLACE
#704
MELBOURNE FL 32901**

Mailing Address

**100 RIALTO PLACE
#704
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/14/1991

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3106711

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for corporate tax under Chapter 207,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

25. Zip

29. Zip

30. Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFITH, IRENE E.
100 RIALTO PL, SUITE 704
MELBOURNE FL 32901**

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 of Registered Agent or Registered Agent and Director

Signature of Registered Agent or Registered Agent and Director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME: **GRIFFITH, IRENE E.**
STREET ADDRESS: **100 RIALTO PL STE 704**
CITY, ST, ZIP: **MELBOURNE FL**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

*Resigned position
April 1994*

☒ Change ☐ Addition

NAME: **JONES, J. DARLENE**
STREET ADDRESS: **100 RIALTO PL STE 704**
CITY, ST, ZIP: **MELBOURNE FL**

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer, director, or officer of a corporation or the person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 3 of this document, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

J. Darlene E. Jones
J. DARLENE E. JONES

4/24/95 407-951-2757