

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S94124 (2)

1. Corporation Name

BELTRAM SOUTH, INC.

Principal Place of Business

**2849 FOWLER STREET
FT MYERS FL 33901**

Mailing Address

**2849 FOWLER STREET
FT MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/12/1991

3a. Date of Last Report

01/21/1994

4. FEI Number

65-0297531

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. 199.012
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Code Apt. # etc.

Code Apt. # etc.

City & State

City & State

23

28

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9. Name and Address of Current Registered Agent

**BELTRAM, DANIEL G.
6800 N FLORIDA AVE
TAMPA FL 33604**

10. Name and Address of New Registered Agent

81. Name

82. Street Address, if O. Box Number is Not Acceptable

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE

(Signature of agent, if not registered agent, the registered agent)

(Signature of registered agent, if not registered agent, the registered agent)

(Signature)

12. OFFICERS AND DIRECTORS

12.1	P
NAME	BELTRAM, DANIEL G.
STREET ADDRESS	6800 N FLORIDA AVE
CITY, STATE, ZIP	TAMPA FL
12.2	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.3	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.7	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	☐ Change ☐ Addition
13.2	
13.3	☐ Change ☐ Addition
13.4	
13.5	☐ Change ☐ Addition
13.6	
13.7	☐ Change ☐ Addition
13.8	
13.9	☐ Change ☐ Addition
13.10	
13.11	☐ Change ☐ Addition
13.12	
13.13	☐ Change ☐ Addition
13.14	
13.15	☐ Change ☐ Addition
13.16	
13.17	☐ Change ☐ Addition
13.18	
13.19	☐ Change ☐ Addition
13.20	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.012, Florida Statutes. I further certify that the information supplied 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 the officer or director of this corporation or the registered agent for this corporation and I am responsible for the accuracy of the information supplied on this report as required by Chapter 199, Florida Statutes, and that my name appears on the back of this report as required by Section 199.012, Florida Statutes.

SIGNATURE:

Daniel G. Beltram
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 813-334-1101