PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90043 006 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

Principal Place of Business

J. B. BECK ENTERPRISES, INC.

RT 2 BOX 526-B GRAND RIDGE FL 32442 US		rt 2 Box 526-B Grand Ridge FL 32442 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/16/1992			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3101469		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	\$8.75	Additional
22	,	27			5. Certifcate of Status Desired	Fee I	Required
City & State	9	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intal	ngible	
24	25	29 30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered A	gent	
			81	Name			
BEC RT 2		82	Street A	Address (P.O. Box Number is Not Acceptable)			
GRA	ND RIDGE FL 32442		83				N
						1	
			84	City	FL	85 Zi	p Code
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florida	Statutes		rration's board of directors. I hereby accept the appoint		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
TITLE	P		1.1 TITLE			☐ Chang	e Addition
NAME	BECK, LUTHER J		1.2 NAME				
STREET ADDRESS	RT 2 BOX 526B	1	1.3 STREET	ADORESS			
CITY-ST-ZIP	GRAND RIDGE FL	i	1.4 CITY-S	T-ZIP	_		
TITLE	٧	☐ DELETE	2.1 TITLE			Chang	e
NAME	BECK, SCOTT K		2.2 NAME				
STREET ADDRESS	RT 2 BQX 526-B		2.3 STREET	ADDRESS		٠.	
CITY-ST-ZIP	GRAND RIDGE FL		2. 4 CITY-S	T-ZIP			
TITLE	S	☐ DELETE	3.1 TITLE			Chang	e
NAME	BECK, JEANETTE B		3.2 NAME				
STREET ADDRESS	RT 2 BOX 526B		3.3 STREET	ADDRESS			
CITY-ST-ZIP	GRAND RIDGE FL		3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	e Addition
NAME			4. 2 NAME	-			
STREET ADDRESS			4.3 STREE	ADDRESS		•	
CITY-ST-ZIP	, ,		4.4 CITY-S	T-ZIP		П.::	
TITLE			5.1 TITLE	ļ		Chang	e
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		[] (her-	a Addition
TITLE			6.1 TITLE	l		Chang	e
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	FADDRESS			

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

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