

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 PM 2:54

DOCUMENT # V14680 (5)

1. Corporation Name

BECK, SPALLA, & BARRIOS, P.A.

Principal Place of Business

1026 EAST PARK AVENUE
TALLAHASSEE FL 32301
US

Mailing Address

1026 E PARK AVE
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1992

3a. Date of Last Report

02/16/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3114857

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 intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARRIOS, J. VICTOR
1026 E PARK AVE
TALLAHASSEE FL 32301**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

J. Victor Barrios

January 11, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	JOHN H. BECK
STREET ADDRESS	342 HAWKS VIEW LANE
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	O
NAME	A.J. JIM SPALLA
STREET ADDRESS	340 TRESCOTT DRIVE
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	O
NAME	J. VICTOR BARRIOS
STREET ADDRESS	2485 OX BOTTOM DRIVE
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 and report of an appointment with an address.

SIGNATURE:

John H. Beck
SIGNATURE AND TYPED NAME OF CURRENT OFFICER OR DIRECTOR

January 11, 1995

904-681-0417
Telephone Number