FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

2a. Mailing Address

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2070 MEADOWLANE AVE MELBOURNE FL 32904

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V28394**

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

2070 MEADOWLANE AVE

MELBOURNE FL 32904

LIS

21

BEATTY AND COMPANY

Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Zip Country Žip Country 8. This corporation owes the current year Intangiale
Personal Property Tax. □No 24 29 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BEATTY, JUDY S. Street Address (P.O. Box Number is Not Acceptable) 2025 NEW YORK ST. **MELBOURNE FL 32904** 83 84 Zip Code City 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE Addition ☐ Change TITLE 1.1 TITLE BEATTY, JUDY \$ NAME 1.2 NAME 2025 NEW YORK ST 1.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME. BEATTY, TOMMY M 22 NAME 2025 NEWYORK ST STREET ADDRESS 2.3 STREET ADDRESS **MELBOURNE FL 32904** 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 51 T/D F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90010 020 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/14/1992 4. FEI Number Applied For 59-3117540 Not Applicable

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 cha

SIGNATURE:

CR2E034 (11/98