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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

(8)

BEEMAN SALES CORPORATION							
ncipal Place of Business	Mailing Address			- f illete Atlatt atter tatte atter att	III AIGI GIOII AIA	.,	
	12234 ALADDIN ROA						
12234 ALADDIN ROAD JACKSONVILLE FL 32223	JACKSONVILLE FL 32						
				3. Date Incorporated or Qualified 07/08/1992	3a. Date o	f Last Repo 4/19/199	ort <b>95</b>
	a Malling Addrops			4. FEI Number	<del></del>	Ар	plied For
Principal Place of Business	2a. Mailing Address			59-3134014		No	t Applicable
O No Arab H oto	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
Suite, Apt. #, etc.	27					Fee Re	·
City & State	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
	28	T 0		This corporation has liability for	intangible tax		
Zip Country	Zip	Country		Florida Statutes Yes	No 🚾 No		
9, Name and Address of Curre	29 29 Agent	1301		10. Name and Address of New F	legistered A	gent	
9, Name and Address of Curre	sitt Hegistore riger	81	Name				
DETAIN DAME ALAM		82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
Beeman, David Alan 12234 Aladdin Road		<b>62</b> Street Act					
JACKSONVILLE FL 32223		83					
(NONOCHHELE ! 2 SEES		84 City			FL	85 Zip	Code
Pursuant to the provisions of Sections 607.056 or registered agent, or both, in the State of Fig.				to the co		oging its re	oistered offi
or registered agent, or both, in the state of rich familiar with, and accept the obligations of, Se	- Value of Anglica Pio	TF: Registered Ade	nt signature require	d when reinstating)	DATE		
IGNATURE Signature, typed or printed name of registered ag	AND DIRECTORS	DTE: Registered Age	nt signature require	d when reinstating? ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOF	RS IN 12
IGNATURE Signature, typed or printed name of registered again.  2. OFFICERS A  TLE D	eri and title if applicable. (NAND DIRECTORS	13. 1. 1 TITLE		d when reinstating! ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOF  Change	RS IN 12
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Leuna DAVIO ALAN BEEMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 904-268-6757