

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 APR 30 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V71432** (1)

1. Corporation Name

BEE LINE INVESTMENTS, INC.



Principal Place of Business

**401 E. SEMORAN BLVD.
CASSELBERRY FL 32707**

Mailing Address

~~200 S. ORANGE AVE.~~
~~SUITE 2000~~
~~ORLANDO FL 32801~~
~~US~~

3. Date Incorporated or Qualified
10/15/1992

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

21 **401 E. Semoran Blvd.**

2a. Mailing Address

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

27 City & State
Casselberry, FL

24 Zip Country

28 Zip Country

25 **32707**

29 **32707**

30

4. FEI Number

59-3183513

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

7. 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

~~A.G.S. CO.~~
~~200 S. ORANGE AVE.~~
~~SUITE 2000~~
~~ORLANDO FL 32801~~

81 Name
☒ **CORPORATION SERVICE COMPANY**

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City
Tallahassee

FL

85 Zip Code
32301

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 607.0905, Florida Statutes. **Karen B. Rozar, as agent**

SIGNATURE: *Karen B. Rozar*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D KELLEY, ROBERT**
STREET ADDRESS **401 E SEMORAN BLVD**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE ☐ DELETE
NAME **D VEIGLE, CHARLES**
STREET ADDRESS **4625 E LAKE DR**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE ☐ DELETE
NAME **D VEIGLE, JIM**
STREET ADDRESS **2752 LAKE HOWELL LN**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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(3)(k), 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.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Kelley

4/22/96

Date

407-260-7003

Daytime Phone #

CR2E034 (12/95)