

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V72975** (8)

1. Corporation Name:

RUSSELL C. BECKWITH, INC.

Principal Place of Business:

**370 MACEWEN DRIVE
OSPREY FL 34229**

Mailing Address:

**370 MACEWEN DRIVE
OSPREY FL 34229**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1992

3a. Date of Last Report

03/17/1994

4. FEI Number

65-0372565

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 194.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business:

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

2b. Mailing Address:

25

State, Apt. #, etc.

26

City & State

27

Zip

Country

28

Country

9. Name and Address of Current Registered Agent

**BECKWITH, RUSSELL C
370 MACEWEN DRIVE
OSPREY FL 34229**

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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

(Signature of Registered Agent or Registered Agent in Charge)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BECKWITH, RUSSELL C.
STREET ADDRESS	370 MACEWEN DRIVE
CITY, ST, ZIP	OSPREY FL
TITLE	ST
NAME	BECKWITH, VIVIAN L.
STREET ADDRESS	370 MACEWEN DRIVE
CITY, ST, ZIP	OSPREY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.03(2)(b), Florida Statutes. I further certify that the information included 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 business representative to make this report as required by Chapter 194, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an addition.

SIGNATURE:

R.C. Beckwith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

813-966-4120