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

DOCUMENT # **V72975** **(8)**

1. Corporation Name

RUSSELL C. BECKWITH, INC.

Principal Place of Business	Mailing Address
370 MACEWEN DRIVE OSPREY FL 34229	370 MACEWEN DRIVE OSPREY FL 34229

3. Date Incorporated or Qualified: **10/19/1992**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 445 MACEWEN DRIVE
22: Suite, Apt. #, etc.
23: City & State: OSPREY FL
24: Zip: 34229
25: Country:

2a. Mailing Address
26: 445 MACEWEN DRIVE
27: Suite, Apt. #, etc.
28: City & State: OSPREY, FL
29: Zip: 34229
30: Country:

4. FEI Number: **65-0372565** ☐ 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

BECKWITH, RUSSELL C
370 MACEWEN DRIVE
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 445 MACEWEN DRIVE
83
84 City: OSPREY FL 85 Zip Code: 34229

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 _____ (Signature, Type or printed name of registered agent, and the date as well) (If the Registered Agent is a corporation, the signature must be that of an officer or director of the corporation) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BECKWITH, RUSSELL C. 370 MACEWEN DRIVE OSPREY FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 445 MACEWEN DRIVE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BECKWITH, VIVIAN L. 370 MACEWEN DRIVE OSPREY FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 445 MACEWEN DRIVE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: Russell C Beckwith 6-25-96 704-898-8386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Russell C. Beckwith

CR2E034 (12/95)