

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **V34067** (1)
1. Corporation Name
BELLAIR LANES INC.

95 APR 13 PM 2:05

Principal Place of Business Mailing Address
2575 N ATLANTIC AVE **2575 N ATLANTIC AVE**
DAYTONA BEACH FL 32118 **DAYTONA BEACH FL 32118**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/06/1992	03/24/1994
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-3123264	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		<input type="checkbox"/>	<input type="checkbox"/>
26. Country		31. Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27. Country		32. Country		<input type="checkbox"/>	<input type="checkbox"/>
28. Country		33. Country		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOODFELLOW, SHERRY 2575 N ATLANTIC AVE DAYTONA BEACH FL 32118				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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 _____ DATE _____
Signature: Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODFELLOW, JOHN I	12 NAME	
STREET ADDRESS	35 SANDPIPER LN	13 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIDER, WILLIAM W JR	22 NAME	
STREET ADDRESS	403 FRANCES TERRACE	23 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODFELLOW, JOAN	32 NAME	
STREET ADDRESS	23 NOTTINGHAM DR	33 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCH, MARIE	42 NAME	
STREET ADDRESS	23 NOTTINGHAM DR	43 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL	44 CITY ST ZIP	
TITLE	TD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODFELLOW, SHERRY	52 NAME	
STREET ADDRESS	35 SANDPIPER LANE	53 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 110.07(3)(b), 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: Sherry Goodfellow SHERRY GOODFELLOW 4-10-95 904-677-5410
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System 199501)