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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **125874** **(8)**

1. Corporate Name
**BELLEMEAD REALTY, INC.**

Principal Place of Business
**2990 SOUTH ATLANTIC AVENUE**
**DAYTONA BEACH SHORES FL 32118-6002**

Mailing Address
**2990 SOUTH ATLANTIC AVENUE**
**DAYTONA BEACH SHORES FL 32118-6002**

3. Date Incorporated or Qualified: **02/23/1932**
3a. Date of Last Report: **01/30/1996**
4. FEI Number: **59-1004689** 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

2. Principal Place of Business
21 Street Address
22
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Street Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
**TUMBLESON, J DOYLE**
**150 S.PALMETTO AVE.**
**DAYTONA BEACH FL 32014**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of Type or Print Name of Individual and Capacity of Applicant (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | xx DELETE | 1.1 TITLE | PTD | xx Change ☐ Addition |
| NAME | CLARK, EDWARD R | | 1.2 NAME | Uanino, Anthony | |
| STREET ADDRESS | 2990 S ATLANTIC AVE | | 1.3 STREET ADDRESS | 2990 South Atlantic Ave | |
| CITY-ST-ZIP | DAYTONA BCH SRHS,FL00000 | | 1.4 CITY-ST-ZIP | Daytona Beach Shores 32118 | |
| TITLE | DST | ☐ DELETE | 2.1 TITLE | VD | ☐ Change xx Addition |
| NAME | UANINO, ANTHONY | | 2.2 NAME | Collins, Ann | |
| STREET ADDRESS | 2990 SOUTH ATLANTIC AVE | | 2.3 STREET ADDRESS | 2990 South Atlantic Ave | |
| CITY-ST-ZIP | DAYTONA BEACH SHORES FL | | 2.4 CITY-ST-ZIP | Daytona Beach Shores, FL 32118 | |
| TITLE | V | ☐ DELETE | 3.1 TITLE | S | xx Change ☐ Addition |
| NAME | JENSEN, ALFRED | | 3.2 NAME | Jensen, Alfred | |
| STREET ADDRESS | 2970 SOUTH ATLANTIC AVE | | 3.3 STREET ADDRESS | 2990 South Atlantic Ave | |
| CITY-ST-ZIP | DAYTONA BCH SRHS,FL00000 | | 3.4 CITY-ST-ZIP | Daytona Beach Shores FL 32118 | |
| TITLE | DC | xx DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NORTON, DONN H | | 4.2 NAME | | |
| STREET ADDRESS | FOUR BECKER FARM RD. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ROSELAND NJ | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | xx DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COLLINS, JOHN | | 5.2 NAME | | |
| STREET ADDRESS | 2990 S.ATLANTIC AVE. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BCH.SHORES FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Anthony Uanino 3/19/97 904-74-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #