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Jan 27 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 # 144546 (9)

1. Corporation Name
BELL FRUIT COMPANY INC



Principal Place of Business

390 W JEFFERSON
PO BOX 398
BROOKSVILLE FL 34805-7398

Mailing Address

390 W JEFFERSON
PO BOX 398
BROOKSVILLE FL 34805-0398

3. Date Incorporated or Qualified
09/04/1945

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-0541256

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

BELL, A.W.
390 W. JEFFERSON ST.
BROOKSVILLE FL 34801

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, typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☒ DELETE
NAME BELL, A W
STREET ADDRESS 132 S BROOKSVILLE AVE
CITY- ST- ZIP BROOKSVILLE, FL 00000

TITLE SD ☐ DELETE
NAME BELL, JANE M.
STREET ADDRESS 132 S. BROOKSVILLE AVE
CITY- ST- ZIP BROOKSVILLE FL

TITLE PD ☐ DELETE
NAME BELL, A. W., JR
STREET ADDRESS 132 S. BROOKSVILLE AVE
CITY- ST- ZIP BROOKSVILLE FL

TITLE D ☐ DELETE
NAME DORSETT, BARBARA BELL
STREET ADDRESS 4701 OLD COURSE DR.
CITY- ST- ZIP CHARLOTTE NC

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 D C ☒ Change ☐ Addition
1.2 NAME Jane M. Bell
1.3 STREET ADDRESS 132 S. Brooksville Ave
1.4 CITY- ST- ZIP

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME BARBARA B. DORSETT
2.3 STREET ADDRESS 4701 Old Course Rd
2.4 CITY- ST- ZIP Charlotte, NC. 28277

3.1 TITLE P D ☐ Change ☐ Addition
3.2 NAME AW Bell Jr
3.3 STREET ADDRESS 132 S. Brooksville Ave
3.4 CITY- ST- ZIP Brooksville, FL. 34605

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 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:

Jane M. Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)