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Mar 05, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 144546

1. Corporation Name

BELL FRUIT COMPANY INC

Principal Place of Business

**390 W JEFFERSON
PO BOX 398
BROOKSVILLE FL 34605-7398**

Mailing Address

**390 W JEFFERSON
PO BOX 398
BROOKSVILLE FL 34605-7398**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1945

2. Principal Place of Business

21 615 Lamar Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 398

Suite, Apt. #, etc.

City & State

23 Brooksville, Fl.

Zip

Country

24 34601 25 USA

City & State

28 Brooksville, Fl.

Zip

Country

29 34605 30 USA

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BELL, A.W.
390 W. JEFFERSON ST.
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

81 Name

Jane M. Bell

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

615 Lamar Ave

83

84 City

Brooksville, Fl. FL

85 Zip Code

34601

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ 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 **SD** ☐ 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)