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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 157052

1. Corporation Name

BELL GROVES, INC.

Principal Place of Business

Mailing Address

 390 W JEFFERSON ST
 PO BOX 366
 BROOKSVILLE FL 34605-7366

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 PO BOX 366
 BROOKSVILLE FL 34605-7366

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1949

4. FEI Number

59-6081913

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

 21 **615 Lamar Ave**
 Suite, Apt. #, etc.

City & State

23 **Brooksville, Fl.**

Zip Country

24 **34601** 25 **USA**

2a. Mailing Address

 26 **P.O. Box 366**
 Suite, Apt. #, etc.

City & State

28 **Brooksville, Fl.**

Zip Country

29 **34605** 30 **USA**

9. Name and Address of Current Registered Agent

BELL, A W
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

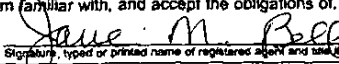
Brooksville**FL**

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 date applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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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)