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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # 157052

 Corporation Name BELL GROVES, INC. Katherine Harris Secretary of State

| Mar 06, 1999 8:00 am Secretary of State |
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| 03-06-1999 90012 016 ***150.00 |

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|--|--|--|-----------------|------------------------------------|--|--------------------------|--|--|---------------------------------------|
| Principal Place | of Business | Mailing Address | | | } | | | | |
| 390 W JEFFERS | SON ST | 390 W JEFFERSON ST | | | · · | | | | |
| PO BOX 366 PO BOX 366 RROOKSVILLE FL 34605-7366 BROOKSVILLE FL 34605-7368 | | | R | | DO NOT WRITE IN THIS SPACE | | | | |
| BROOKSVILLE FL 34605-7366 BROOKSVILLE FL 34605-7366 | | | , | | 3. Date Incorporated or Qualified | | | | |
| | | | | | 01/27/1949 | _ | | | J |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | TA | pplied For |] |
| han i | 26 P. O. Box | | | 59-6081913 | | | ot Applicable | ł | |
| 21 6 1 5 Suite, Apt. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | ı . | | Additional | 1 | |
| 22 | | 27 | | | 3. Ceruicate of Gallos Bouries | | Fee R | equired | { |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | ncing [| | \$5.00 May Be | |
| 23Bro | oksville, Fl. | 28 Brooksvil. | | | Trust Fund Contribution | | | to Fees | |
| Zip | Country | Zip | Cou | • | 8. This corporation owes the current | | | □No | ĺ |
| 24 _ 3460 | 1 25 USA | 29 34605 30 | <u> </u> | USA | Personal Property Tax. | | Yes | | ┨ |
| | 9. Name and Address of Current | Registered Agent | | 1 | 10. Name and Address of New Reg | istered A | gent | | 1 |
| om. | | | | 81 Name | Jane M. Bell | | | | 1 |
| | , A W | | | 82 Street Ad | iress (P.O. Box Number is Not Acceptable | 9) | | | } |
| | EFFERSON ST | | | | 613 Lamar Ave | | | | -{ |
| BRU | OKSVILLE FL 34601 | | | 83 | | | | | [|
| | | | | 84 City | | | 85 Zip | Code | 1 |
| Į | | | | <u> </u> | Brooksville | <u>FL</u> | ــــــــــــــــــــــــــــــــــــــ | <u>34601 </u> | 1 |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607,1508, Florida Statutes, | the e orizer | bove-named con d by the corpora | poration submits this statement for the purion's board of directors. I hereby accept the | rpose or c he appoint | manging id Imentas r | egistered | { |
| agent. La | m (aniliar with, and accept the obligat | ions of, Section 607.0505, Florida | Stat | utes. | poration submits this statement for the pulion's board of directors. I hereby accept the | | | • | 1 |
| SIGNATURE | Jame M. F | S-00 | | | | DATE | | | l |
| <u> </u> | Signature, typed or printed name of registered agent | | | i Agent eigneture requi | ADDITIONS/CHANGES TO OFFIC | | DIRECT | ORS IN 12 | { g |
| 12. | OFFICERS AN | DELETE | 13. 1.1 π | m e | ADDITIONS CITATOLS TO STATE | 2,10,101 | Change | Addition | CR2E034 (11/98) |
| TITLE | S Barbara B Dorsett | _ Decem | 1.2 N | | | | | | <u>4</u> |
| NAME | 4701 OLD COURSE RD | | | TREET ADDRESS | | | | | 8 |
| STREET ADDRESS | CHARLOTTE NC 28277 | | | TY-ST-ZIP | • | | | y. | \ \bar{\bar{\bar{\bar{\bar{\bar{\bar{ |
| CITY-ST-ZIP | VD | DELETE | 211 | | | | Change | Addition | 7 0 |
| TITLE | _ · | 2,32272 | 2.2 N | | | | | | ļ |
| NAME | BELL, A.W., JR. 132 S.BRKS. AVE. | | | TREET ADDRESS | • | | | | l |
| STREET ADDRESS | BROOKSVILLE FL | | | TTY-ST-ZP | | • | | - | } |
| CITY-ST-ZIP | PD PD | ☐ DELETE | 3.1 11 | | | | Change | Addition | 1 |
| I TITLE | BELL, JANE M | ٠ | 3.2 N | j | | | - | | } |
| NAME | 132 S BROSK AVE. | | | TREET ADDRESS | | | | | } |
| STREET ADDRESS | BROOKSVILLE FL | | | OTY-ST-ZIP - | | | | | 1 |
| -CITY-ST- <i>LEP</i> | PROUMSYLLE FL | ☐ DELETÉ | 4,1 11 | | | | Change | Addition | 7 |
| 1 | | | 4.2N | _ | | | | | i |
| NAME | | İ | | TREET ADDRESS | | | | | |
| STREET ADDRESS | } | | | TY-ST-ZIP | | | | |] |
| CITY-ST-ZIP | | □ DELETE | 5.1 TI | | | | Change | Addition |] |
| NAME | | · · | 5.2 N | ľ | • | | | | 1 |
| STREET ADDRESS | | | 535 | TREET ADDRESS | | | | | 1 |
| CITY-ST-ZIP | | | 5,4 C | TTY-ST-ZNP | | | | | } |
| TITLE | | [] DELETE | 5.1 TI | TIE . | | | Change | Addition | 1 |
| NAME | | | 62 N | AME | | | | * | 1 |
| STREET ADDRESS | | | 6.3 \$ | TREET ADDRESS | • | | | | 1 |
| i | | į | • | TY-ST-ZIP | | | | | [|
| CITY-S1-ZIP | and the the information supplied with | th this filing does not qualify for th | | | Section 119.07(3)(i), Florida Statutes. I fu | rther certi | y that the | information | - |

Interest certify that the intermedian supplied with this fitting does not qualify for the exemption stated in Securit 175.07(3)(i), Fibrida Statetes. If the fit 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:

UNE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR