

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 335281

(2)

1. Corporation Name

BELL CREEK FARMS INC



Principal Place of Business

121 N. COLLINS STREET  
PLANT CITY FL 33566

Mailing Address

121 N. COLLINS STREET  
PLANT CITY FL 33566

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/20/1968

3a. Date of Last Report

06/12/1995

4. FET Number

59-1273970

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

TRINKLE, ROBERT S  
121 N. COLLINS ST  
PLANT CITY FL 33566

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, if applicable,

(NAME) Registered Agent signature, required when changing:

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SWEAT, ELIZABETH A  
STREET ADDRESS 121 N. COLLINS ST  
CITY-STATE-ZIP PLANT CITY, FL 00000

TITLE ☐ DELETE

NAME PD YEILDING, O B  
STREET ADDRESS 699 DUNBLANE DRIVE  
CITY-STATE-ZIP WINTER PARK, FL 00000

TITLE ☐ DELETE

NAME TD SWEAT, SALLY A  
STREET ADDRESS 121 N. COLLINS ST  
CITY-STATE-ZIP PLANT CITY, FL 00000

TITLE ☐ DELETE

NAME SD YEILDING, JOAN  
STREET ADDRESS 699 DUNBLANE DRIVE  
CITY-STATE-ZIP WINTER PARK, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-STATE-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-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Elizabeth A. Sweat  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

813-4343778

CR2E034 (12/95)