FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

DOCUMENT # 527991 (4)

1. Corporate Name
BELLE PROPERTIES, INC.

FILED
95 FEB 28 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
412 NE 16TH AVE #130 PO BOX 1776 GAINESVILLE FL 32601	412 NE 16TH AVE #130 PO BOX 1776 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/16/1977	3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1729688	☐ 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	

2. Principal Place of Business — 21 | 2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 | Suite, Apt. #, etc. — 27
City & State — 23 | City & State — 28
Zip — 24 | Country — 25 | Zip — 29 | Country — 30

9. Name and Address of Current Registered Agent

LEE, DENNIS G.
412 N.E. 16TH AVE.
GAINESVILLE FL 32601

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: _____ (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	LEE, DENNIS G	12 NAME	
STREET ADDRESS	412 NE 16TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	14 CITY-ST-ZIP	
TITLE	VAS	21 TITLE	☐ Change ☐ Addition
NAME	LEE, CARIDAD	22 NAME	
STREET ADDRESS	412 NE 16TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, LISA S.	32 NAME	
STREET ADDRESS	412 N.E. 16TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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)(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 this 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 above, or on an attachment with an address.

SIGNATURE: Dennis G. Lee 2-22-95 904 334 1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone
Dennis G. Lee

0034318 CP