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

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # **605294** **(8)**

1. Corporation Name
BELLECRAFT INDUSTRIES, CORP.

Principal Place of Business
4227 MERCANTILE AVE
NAPLES FL 33942
US

Mailing Address
4227 MERCANTILE AVE
NAPLES FL 33942
US

3. Date Incorporated or Qualified **12/22/1978**
3a. Date of Last Report **03/20/1995**

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

4. FEI Number **59-1910288** 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

BELL, LOREN A
4227 MERCANTILE AVE
NAPLES FL 33942

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 the date of acceptance. NOTE: Registered Agent's signature required before filing. DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BELL, LOREN A.	
STREET ADDRESS	4560 CAPRI DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	☐ DELETE
NAME	BELL, ROBERTA E.	
STREET ADDRESS	4560 CAPRI DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	☐ DELETE
NAME	SMITH, WILLIAM T	
STREET ADDRESS	742 ORCHID CT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	S	☐ DELETE
NAME	SMITH, DOREEN E.	
STREET ADDRESS	742 ORCHID CT	
CITY-ST-ZIP	MARCO ISLAND FL	
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 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: William Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 1996
Date

941-434-2355
Daytime Phone #

CR2E034 (12/95)