

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 645619

(8)

95 FEB 14 PM 4:22

1. Corporation Name

BELL-CAMP FINANCIAL SYSTEMS, INC.

Principal Place of Business

900 E INDIANTOWN RD #210
JUPITER FL 33477

Mailing Address

900 E INDIANTOWN RD #210
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1979

3a. Date of Last Report

02/11/1994

4. FID Number

59-1948741

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PATRICK DARLING, CPA
4440 PGA BLVD STE 205
PALM BCH GARDENS FL 33410

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 607.03(2) and 607.15(8), 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 607.03(4), Florida Statutes.

SIGNATURE

Signature of person who is changing agent or office (if applicable)

Signature of person who is changing agent or office (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
CAMPBELL, THERESA A
11736 MISTY TRAIL
JUPITER, FL 00000

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
BLUMAN, CARYL
7010 SE RIDGEWAY
HOBE SOUND FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

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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(9)(a), Florida Statutes. I further certify that the information is correct in the 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 liquidator appointed to oversee the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or Block 13 of a change, or on an addition with an address.

SIGNATURE:

Theresa Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/95
DATE

407-747-2355
TELEPHONE NUMBER