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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723077 (4)

1. Corporation Name
HONEYBELLES, INCORPORATED

Principal Place of Business 13350 US HWY 19 N. CLEARWATER FL 34624-4290	Mailing Address HUNTZBERRY, ALICE K. 1732 EMERALD DR CLEARWATER FL 34616 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/06/1972
4. FEI Number 41-0415010
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HUNTZBERRY, ALICE K.
1732 EMERALD DR
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name McLeod-Alexis, Linda
82 Street Address (P.O. Box Number is Not Acceptable) 8515 Iris Avenue
83
84 City Largo
85 Zip Code FL 33777

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Linda McLeod-Alexis* **Linda McLeod-Alexis** **3/17/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME HUNTZBERRY, ALICE K.	
STREET ADDRESS 1732 EMERALD DR	
CITY-ST-ZIP CLEARWATER FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME ANDERSON, CAROL A.	
STREET ADDRESS 4480 82ND AVE NO.	
CITY-ST-ZIP PINELLAS PARK FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME WELLINGTON, LAWONA	
STREET ADDRESS 9084 LEISURE LANE	
CITY-ST-ZIP LARGO FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME POLIS, DIANE	
STREET ADDRESS 4034 BENSON AVE N	
CITY-ST-ZIP ST PETERSBURG FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME McLeod-Alexis, Linda	
1.3 STREET ADDRESS 8515 Iris Avenue	
1.4 CITY-ST-ZIP Largo, Florida 33777	
2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Vice President	
2.3 STREET ADDRESS Roberts, Gary A. 10829 Scenic Drive	
2.4 CITY-ST-ZIP Port Richey, Florida 34668	
3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Betty L. Held--TD	
3.3 STREET ADDRESS 1232 Balboa Circle	
3.4 CITY-ST-ZIP Clearwater, Florida 33756	
4.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Roberts, Pamela M.	
4.3 STREET ADDRESS 10829 Scenic Drive, Port Richey, Fla.	
4.4 CITY-ST-ZIP 34668	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty L. Held* **Betty L. Held** **3/17/98** **810/539-3454**

CR2E037 (10/97)