

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90050 039 ****61.25

0054233

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 723077

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

144351 - 90050 - 39



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/06/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
41-0415010

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

24 25 29 30
 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLEOD-ALEXIS, LINDA
8515 IRIS AVE
LARGO FL 33777

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 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 *[Signature]*
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
 NAME PD
 STREET ADDRESS MCLEOD-ALEXIS, LINDA
 CITY-ST-ZIP 8515 IRIS AVE
 LARGO FL 33777

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME PD
 1.3 STREET ADDRESS MCLEOD-ALEXIS, LINDA
 1.4 CITY-ST-ZIP 8515 IRIS AVE
 LARGO, FL 33777 ☒ Change ☐ Addition

TITLE ☐ DELETE
 NAME VP
 STREET ADDRESS ROBERTS, GARY A
 CITY-ST-ZIP 10829 SCENIC DRIVE
 PORT RICHEY FL 34668

2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME VP
 2.3 STREET ADDRESS CROOKSHARK, KARAN
 2.4 CITY-ST-ZIP 5998 138 CT N
 CLEARWATER, FL 33760

TITLE ☐ DELETE
 NAME TD
 STREET ADDRESS HELD, BETTY L
 CITY-ST-ZIP 1232 BALBOA CIRCLE
 CLEARWATER FL 33756

3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME TD
 3.3 STREET ADDRESS WELLINGTON, LONI M.
 3.4 CITY-ST-ZIP 9064 LEISURE LN N.
 LARGO, FL 33773

TITLE ☐ DELETE
 NAME SD
 STREET ADDRESS ROBERTS, PAMELA M
 CITY-ST-ZIP 10829 SCENIC DRIVE
 PORT RICHEY FL 34668

4.1 TITLE ☒ Change ☐ Addition
 4.2 NAME SD
 4.3 STREET ADDRESS PUFFER, STEPHANIE
 4.4 CITY-ST-ZIP 1091 D 85TH TERRACE N.
 ST. PETERSBURG, FL 33702

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 **727/539-3454**
 Date Daytime Phone #

CR2E037 (11/98)