

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 848802 (5)
1. Corporation Name
RAY BELL CONSTRUCTION COMPANY INCORPORATED

Principal Place of Business
255 WILSON PIKE CIRCLE.
P.O. BOX 363
BRENTWOOD TN 37024
US

Mailing Address
255 WILSON PIKE CIRCLE.
P.O. BOX 363
BRENTWOOD TN 37024-0363
US



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

3. Date Incorporated or Qualified

04/10/1981

3a. Date of Last Report

03/04/1996

4. FEI Number

62-0811849

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | BELL, CHARLES RAY | |
| STREET ADDRESS | WILSON PIKE CIRCLE | |
| CITY - ST - ZIP | BRENTWOOD TN | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BRENT, RANDY | |
| STREET ADDRESS | WILSON PIKE CIRCLE | |
| CITY - ST - ZIP | BRENTWOOD TN | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ESTES, DON | |
| STREET ADDRESS | WILSON PIKE CIRCLE | |
| CITY - ST - ZIP | BRENTWOOD TN | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | EVANS, JODY | |
| STREET ADDRESS | WILSON PIKE CIR | |
| CITY - ST - ZIP | BRENTWOOD TN | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ROBBINS, THOMAS S. | |
| STREET ADDRESS | WILSON PIKE CIRCLE | |
| CITY - ST - ZIP | BRENTWOOD TN | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BUTLER, ELVIS | |
| STREET ADDRESS | WILSON PIKE CIRCLE | |
| CITY - ST - ZIP | BRENTWOOD TN | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

Jody Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jody Evans

1/7/96

615-373-4345

Date

Daytime Phone #

CR2E034 (9/96)