

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 21 PM 3:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # F50277 (5)**

1. Corporation Name  
**BELFLOWER MARINE, INC.**



Principal Place of Business <b>C/O WILLIAM BELFLOWER        4400 W. PENSACOLA ST.        TALLAHASSEE FL 32304</b>	Mailing Address <b>C/O WILLIAM BELFLOWER        4400 W. PENSACOLA ST.        TALLAHASSEE FL 32304</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/20/1981</b>	3a. Date of Last Report <b>01/24/1996</b>
21	26	4. FEI Number <b>59-2137324</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
7. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>BELFLOWER, WILLIAM          RT 14 BOX 358          TALLAHASSEE FL 32304</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BELFLOWER, RUTH B</b>	1.2 NAME	<b>800002245588--7</b>
STREET ADDRESS	<b>RT 14 BOX 358</b>	1.3 STREET ADDRESS	<b>-07/23/97--01113--015</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 00000</b>	1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BELFLOWER, WILLIAM</b>	2.2 NAME	
STREET ADDRESS	<b>RT 14 BOX 358</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 00000</b>	2.4 CITY-ST-ZIP	<b>32304</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELFLOWER, JAMES W</b>	3.2 NAME	
STREET ADDRESS	<b>3840 OAK HILL TR</b>	3.3 STREET ADDRESS	<b>13234 LAUREL HILL DR.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	<b>TALL. FL. 32308</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELFLOWER, BENNIE D</b>	4.2 NAME	
STREET ADDRESS	<b>2008 VERGIE CT</b>	4.3 STREET ADDRESS	<b>1172 CONSERVANCY DR. WEST</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL. 32312</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE *Bennie D. Bellflower* **BENNIE D. BELFLOWER**  
 DATE **7-21-97**

CR2E034 (4/97)

(7)

The Power of Experience



July 17, 1997

To Whom it May Concern:

Enclosed is a copy of the 1997 Profit Corporation Annual Report that we filled out and sent to the Dept. of State on Jan. 6, 1997 in the amount of \$165.00 (Please see attached). According to our bank statements at Tallahassee State Bank, that check has not cleared as of 6-30-97. I called the Dept. of State and they send to send another check in the amount of \$165.00. Enclosed is a check and the Annual Report filled out. If you have any questions, please call us at 575-8623.

Sincerely,

A handwritten signature in cursive script that reads "Sandy".

Sandy Bellflower  
Bookkeeper