

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90160 021 ***150.00

DOCUMENT # F50277

1. Corporation Name

BELLFLOWER MARINE, INC.

Principal Place of Business

C/O WILLIAM BELLFLOWER
4400 W. PENSACOLA ST.
TALLAHASSEE FL 32304

Mailing Address

C/O WILLIAM BELLFLOWER
4400 W. PENSACOLA ST.
TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1981

4. FEI Number

59-2137324

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BELLFLOWER, WILLIAM
RT 14 BOX 358
TALLAHASSEE FL 32304

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

DS
BELLFLOWER, RUTH B
RT 14 BOX 358
TALLAHASSEE FL 32304

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DP
BELLFLOWER, WILLIAM
RT 14 BOX 358
TALLAHASSEE FL 32304

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

V
BELLFLOWER, JAMES W
13234 LAUREL HILL DR
TALLAHASSEE FL 32308

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

V
BELLFLOWER, BENNIE D
1172 CONSERVANCY DR WEST
TALLAHASSEE FL 32312

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5819 West Tennessee St
Tallahassee FL 32304

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5819 West Tennessee St
Tallahassee FL 32304

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 607, 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:

Bennie D Bellflower
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99

Date

850-575-8623

Daytime Phone #

CR2E034 (1/1/98)