FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 APR 24 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F60505** **(7)**

1. Corporation Name
DON BELL INDUSTRIES, INC.

Principal Place of Business	Mailing Address
365 OAK PLACE P.O. BOX 290036 PT ORANGE FL 32127-4368	365 OAK PLACE P.O. BOX 290036 PT ORANGE FL 32127-4368

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/01/1982**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2144478** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BELL, GARY
365 OAK PLACE
POR ORANGE FL 32127

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 mail filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BELL, GARY	12 NAME	
STREET ADDRESS	4820 SOUTH PENINSULA	13 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BELL, LINDA G.	22 NAME	
STREET ADDRESS	4820 SOUTH PENINSULA	23 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	24 CITY-ST-ZIP	
TITLE	VPO	31 TITLE	☐ Change ☐ Addition
NAME	EDWIN M. FREAHLEY	32 NAME	
STREET ADDRESS	1450 S. DIXIE HWY	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	34 CITY-ST-ZIP	
TITLE	VP/TR/AS/O	41 TITLE	☐ Change ☐ Addition
NAME	ROBERT M. SMITHER, JR	42 NAME	
STREET ADDRESS	1450 S. DIXIE HWY	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	44 CITY-ST-ZIP	
TITLE	AS/AT	51 TITLE	☐ Change ☐ Addition
NAME	WILLIAM R. WINTERER	52 NAME	
STREET ADDRESS	1450 S. DIXIE HWY	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	KIM GOODYEAR	62 NAME	
STREET ADDRESS	1450 S. DIXIE HWY	63 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William R. Winterer WILLIAM R. WINTERER 4/18/95 (407) 338-7298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000H04 CP