SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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
365 OAK PLACE
P.O. BOX 290036
PT ORANGE FL 32127-4388

Mailing Address
365 OAK PLACE
P.O. BOX 290036
PT ORANGE FL 32127-4388

3. Date Incorporated or Qualified: 01/01/1982
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-2144478 ☐ 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

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

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: MARSHALL S. HARRIS
82 Street Address (P.O. Box Number is Not Acceptable): 390 NORTH ORANGE AVE, SUITE 1100
83
84 City: ORLANDO FL 85 Zip Code: 32801

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: Marshall S. Harris June 14, 1996

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	BELL, GARY	4820 SOUTH PENINSULA	PONCE INLET FL	☐ DELETE
D	~~BELL, LINDA G.~~	~~4820 SOUTH PENINSULA~~	~~PONCE INLET FL~~	☐ DELETE
VPD	~~FREMLRY, EDWIN M~~	~~1450 S. DIXIE HWY.~~	~~BOCA RATON FL~~	☐ DELETE
AS	~~GOODYEAR, KIM~~	~~1450 S. DIXIE HWY.~~	~~BOCA RATON FL~~	☐ DELETE
AST	~~WINTER, WILLIAM R~~	~~1540 S. DIXIE HWY~~	~~BOCA RATON FL 33432~~	☐ DELETE
VTAS	~~SMITHER JR., ROBERT M~~	~~1450 S DIXIE HWY~~	~~BOCA RATON FL 33432~~	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
1					☐ Change ☐ Addition
2	V D	J. WILLIAM BRANDNER	2180 WEST S.R. 434, SUITE 6136	LONGWOOD, FL 32779	☒ Change ☐ Addition
3	V D	J. MELVIN STEWART	2201 CANTU CT., SUITE 217	SARASOTA, FL 34232	☒ Change ☐ Addition
4	V S D	PHILIP H. HOARD	700 GLADES CT.	PORT ORANGE, FL. 32127	☒ Change ☐ Addition
5	V T D	OTTO T. NICOLS	2180 WEST S.R. 434, SUITE 6136	LONGWOOD, FL. 32779	☒ Change ☐ Addition
6					☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: OTTO T. NICOLS 6/12/96 (407) 865-5995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0001824 CP