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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F60505

(7)

DON BELL INDUSTRIES, INC.

FILED Mar 03 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			
365 OAK PLA	CE	365 OAK PLACE			
P.O. BOX 290		P.O. BOX 290036			
PT ORANGE FL 32127-4388		PT ORANGE FL 32127-43	PT ORANGE FL 32127-4388		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
* D/1-1-1 D					01/01/1982
	ace of Business	2a. Mailing Address			4, FEI Number Applied For
21	# -1-	26			59-2144478 Not Applicable
Suite, Apt.	#, 8[C.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & State		City & State			Fee Required
		<u></u>			6. Election Campaign Financing \$5.00 May Be
Zip	Country Zip		Count	n/	Trust Fund Contribution
24	25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 25 29 3 Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes No
HARRIS, MARSHALL B1 Name					
390 NORTH ORANGE AVE					
			B2 Street Ad		Address (P.O. Box Number is Not Acceptable)
	ITE 1100		8	-	
OH	LANDO FL 32801]8	"	
			8	4 City	■■ 85 Zip Code
				<u> </u>	FL 63 Zip code
11. Pursuant t	o the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was a	s, the abo uthorized l	ve-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar wi th, and accept the oblic	ations of, Section 607.0505, Flo	rida Statut	es.	solution and the desired of the special and special and the sp
SIGNATURE .					
	Signature, typed or printed name of registered ag			gent signature	required when reinstating) DATE
12.	PD OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	BELL, GARY	☐ DELETÉ	1.1 TITLE		☐ Change ☐ Addition
NAME			1.2 NAM		
STREET ADDRESS	4820 SOUTH PENINSULA		1.3 STRE	et address	
CITY-ST-ZIP	PONCE INLET FL		1.4 CITY	ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRANDNER, WILLIAM J		2.2 NAME		
STREET ADDRESS 2180 WEST SR 434 SUITE 6130		136	2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2. 4 CITY	-ST-ZIP	
TITLE			3.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, MELVIN J		3.2 NAMI	:	
STREET ADDRESS	2201 CANTH CT SUITE 217		3.3 STRE	T ADDRESS	
CITY-ST-ZIP	SARASOTA FL		3.4. CITY	-ST-ZIP	
TITLE	1800		4.1 TITLE	"	☐ Change ☐ Addition
NAME	UOADD DIMIND II		4. 2 NAM	.	_ · -
STREET ADDRESS	700 GLADES CT			T ADDRESS	
CITY+ST-ZIP	PORT ORANGE FL		4.4 CITY		
TITLE	VID	DELETE	5.1 TITLE		Change Addition
NAME	THRASHER, TODD D	_	5.2 NAME		
STREET ADDRESS	2180 WEST SR 434 SUITE 6	136		T ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	·			
TITLE		DELETE	5.4 CHY-	01- ZIP	☐ Change ☐ Addition
NAME			6.2 NAME		Criange C Aguition
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	erlify that the information supplied w	with this filing does not qualify for	6.4 CITY		d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of	on this annual report or supplementa	al angual report is true and accu	rate and to	hat my sig:	nature shall have the same legal effect as if made under path, that I am an
officer or d Block 12 o	lirector of the corporation or the rec	eiver or trustee empowered to e	xecute this	report as	required by Chapter 607, Florida Statutes; and that my name appears in
2.50% 12.0	/. PHILIP	4. Harriagi			1