

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F69834 (2)

1. Corporation Name

BELAIR INDUSTRIES, INC.



Principal Place of Business

Mailing Address

569 BROWARD ST
JACKSONVILLE FL 32204
942 MAPLE LANE
32207
P.O. BOX 10604
JACKSONVILLE FL 32247
US

2. Principal Place of Business

2a. Mailing Address

21 942 Maple Lane

26 BELAIR INDUSTRIES INC 59-2149600

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 PO Box 10604

City & State

City & State

23 Jacksonville Florida

28 Jacksonville FL

Zip

Country

Zip

Country

24 32207

25 DUVAL

29 32247-0604

30 DUVAL

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/05/1982

3a. Date of Last Report

04/28/1995

4. FEI Number

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

10. Name and Address of New Registered Agent

81 Name

A.D. MAXWELL

82 Street Address (P.O. Box Number is Not Acceptable)

942 Maple Lane

83

84 City

Jacksonville

FL

85 Zip Code

32247

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 CVS ☐ DELETE

NAME MAXWELL, ALVAN D.

STREET ADDRESS 942 MAPLE AVE.

CITY-ST-ZIP JACKSONVILLE FL

TITLE CVS ☒ DELETE

NAME MAXWELL, ALVAN D.

STREET ADDRESS 942 MAPLE LN.

CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ 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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

904/396-9023

Daytime Phone #

CR2E034 (12/95)