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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

141

DOCUMENT # F82429  1. Corporation Name  JOHN M. BELL MARINE SURVEYORS, INC.  Principal Place of Business  814 EAST COAST DRIVE ATLANTIC BCH FL 32233  ATLANTIC BCH FL 32233							
					3. Date incorporated or Qualified	3a. Date of Last	Report
Principal Place of Business     2a Mailing Address					05/18/1982	04/18/1995	
21 26		2a. Mailing Address	. Mailing Address		FO-2102771		Applied For
Suite, Apt	#, etc.	Suite, Apř. #, etc.	uite. Apt. #, etc.		5 Continue of Control 5		Not Applicable  75 Additional
City & Stati		27			5. Cerulicate of Status Desired		e Required
23	e	Orty & State			6. Election Campaign Financing		<b>00</b> May Be
Zip Country <b>25</b>		Ζιρ Co 29 30		ılry	Trust Fund Contribution  8 This composition has liability for its	Add	ded to Fees
					8. This corporation has liability for intangible tax under sil 199.032, Florida Statutes Yes No		
<del> </del>	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	egistered Agent	
HADT	NETT CENTOURE C			B1 Name			
HARTNETT, GERTRUDE C. 1238 FREDERICA PLACE				82 Street Add	iress (P.O. Box Number is Not Acceptable	e)	
	SONVILLE FL 32205		}	83			
	OUTHER TE SEEDS						
				<b>84</b> Crty		FL 85	Zip Code
11. Pursuant t	to the provisions of Sections 607,050	2 and 607.1508. Florida Statul	tes, the abov	e named corpo	ration submits this statement for the purp and of directors. Thereby accept the appo		registered office
SIGNATURE	Synature typed or professional in of registerial way.	nest de l'occo, Fieries diagnes	2	ele at zeloka, he kellere		DATE	- Mari and Mari - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
₹ſ₹L€	ST	T BELLIC		LE	ADDITIONS OF ANGES TO OFFIC	Change	
NAME	BELL, CLARA H 814 EAST COAST DRIVE ATLANTIC BCH FL		1.2 NAM	AE .			
STREET ADDRESS			13514	EET ADDRESS			
C-TY-ST-Z-P				(-ST-2iF			
TITLE NAME	BELL, JOHN M	RELL TOHN M				☐ Change	Addition
	814 EAST COAST DRIVE		2 S NAM				
CITY-ST-Z:P			2.3 STHEET ADDRESS				
TITLE	DELETE		2.4 C/IN	- ST - ZiP		F3 05:	
NAME:			3 2 NAM	ľ		☐ Change	Addition
STREET ADDRESS			4	EET ADDRESS			
CITY ST-ZIP				-ST-ZIP			
TITLE	CD OCI ETY		4 1 1111	E		☐ Change	Addition
NAME			4.2 NAM	E			
STREET ADDRESS			4 3 STRE	ET AUDRESS			
CHY-ST-ZIP				- \$1 - ZIF			
TITLE	NAME		5 1 NR			Crange	☐ Addition
STREET ADDRESS			5.2 NAME				
CITY - ST - ZIP				ET ADDRESS			Į
TITLE				-ST Zifi			
NAME		<u> Постен</u>	6 1 Till. 6 2 NAM			☐ Change	Addition
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP				-\$1-7P			}

14. Ido hereby certify that the information supplied with this firing 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 arrival report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted 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 aridress.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 904-249-2741