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FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000003660 (7)

1. Corporation Name:  
BELZ CONSTRUCTION CO., INC.

Principal Place of Business

5118 PARK AVE.  
SUITE 327  
MEMPHIS TN 38117

Mailing Address

5118 PARK AVE.  
SUITE 327  
MEMPHIS TN 38117-5793



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/13/1994

3a. Date of Last Report

04/23/1996

4. FEI Number

62-1103189

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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 must be provided name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BELZ, MARTIN S  
STREET ADDRESS 530 OAK COURT DR.  
CITY, ST, ZIP MEMPHIS TN 38117 ☐ DELETE

TITLE VD  
NAME BELZ, RONALD A  
STREET ADDRESS 530 OAK CT.  
CITY, ST, ZIP MEMPHIS TN 38117 ☐ DELETE

TITLE VD  
NAME BELZ, GARY  
STREET ADDRESS 4431 PETIT AVE.  
CITY, ST, ZIP ENCINO CA 91436 ☐ DELETE

TITLE VD  
NAME FLYNN, ERROL S  
STREET ADDRESS 5118 PARK AVE.  
CITY, ST, ZIP MEMPHIS TN 38117 ☐ DELETE

TITLE STD  
NAME WILLIAMS, JIMMIE  
STREET ADDRESS 530 OAK COURT DR.  
CITY, ST, ZIP MEMPHIS TN 38117 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP ☐ DELETE

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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

3-3-97

Date

901-762-5490

Daytime Phone #

0477155

CR2E034 (9/96)