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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **F94000006072 (2)**

1. Corporation Name
STEVEN D. BELL & COMPANY

Principal Place of Business
823 N ELM ST
STE 200
GREENSBORO NC 27401
US

Mailing Address
PO BOX 3288
GREENSBORO NC 27402
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/28/1994

2. Principal Place of Business 21

2a. Mailing Address 26

4. FEI Number **56-1148631** Applied For / Not Applicable

Suite, Apt. #, etc. 22

Suite, Apt. #, etc. 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23

City & State 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25

Zip 29 Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BELL, STEVEN D		1.2 NAME	
STREET ADDRESS	823 N ELM ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC		1.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BELL, JACKIE K		2.2 NAME	
STREET ADDRESS	823 N ELM ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC		2.4 CITY-ST-ZIP	
TITLE	SRV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, EDWARD M		3.2 NAME	
STREET ADDRESS	823 N ELM ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHUSTER, JEFFREY L		4.2 NAME	
STREET ADDRESS	823 N ELM ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RETSCH, JENNIFER J		5.2 NAME	
STREET ADDRESS	823 N ELM ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RANELLI, DOMINIC A		6.2 NAME	
STREET ADDRESS	823 N ELM ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC		6.4 CITY-ST-ZIP	

14. I 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 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 Steven D. Bell 1-29-98 1-336272-7196

CR2E034 (10/97)