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**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 FEB -7 PM 4:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G15134 (1)

1. Corporation Name

BELL ENGINEERING & SUPPLY COMPANY, INC.

Principal Place of Business

**% W. SPENCER MITCHEM
530 SOUTH "C" ST
PENSACOLA FL 32501**

Mailing Address

**% W. SPENCER MITCHEM
530 SOUTH "C" ST
PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/27/1982

3a. Date of Last Report

03/03/1994

4. FEI Number

59-2247067

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. 193.032,
Florida Statutes**

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHEM, W. SPENCER
530 SOUTH "C" ST
PENSACOLA FL 32501**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

PRIM, JUDITH L.

STREET ADDRESS

4005 PIEDMONT DR

CITY-ST-ZIP

PENSACOLA FL

TITLE

VD

NAME

BELL, RANDALL R III

STREET ADDRESS

4135 BAIRDEN

CITY-ST-ZIP

PENSACOLA, FL 00000

TITLE

STD

NAME

CHADBOURNE, CAROLINE B.

STREET ADDRESS

2800 INVERNESS CT

CITY-ST-ZIP

PENSACOLA FL

TITLE

D

NAME

BELL, RANDALL R JR

STREET ADDRESS

9600 PINECONE DR

CITY-ST-ZIP

CANTONMENT, FL 00000

TITLE

D

NAME

BELL, HOWARD L

STREET ADDRESS

3535 DUNFRIES RD

CITY-ST-ZIP

PENSACOLA, FL 00000

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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:

RANDALL R. BELL III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-95 (901) 432-1545

Date

Typed Name