

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 MAY 15 AM 11: 24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # G21756**  
 1. Corporation Name

**BELL VIEW INCORPORATED**

Principal Place of Business  
**5901 Memphis Ave.  
 Pensacola, FL 32526**

Mailing Address

<b>3.</b> Date Incorporated or Qualified <b>02/04/1983</b>	<b>3a.</b> Date of Last Report <b>06/19/96</b>
<b>4.</b> FEI Number <b>59-2256025</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>2.</b> Principal Place of Business		<b>2a.</b> Mailing Address	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Zip
<b>24</b>	Country	<b>29</b>	Country

**9. Name and Address of Current Registered Agent**

**CHILDERS, W. D.  
 5901 Memphis Ave.  
 Pensacola, FL 32526**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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

(801) Registered Agent signature required when reinstating

(D-3)

<b>12. OFFICERS AND DIRECTORS</b>		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	
NAME	<b>CHILDERS, W. D.</b>	
STREET ADDRESS	<b>5901 Memphis Ave.</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32526</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>11</b> TITLE			
<b>12</b> NAME			
<b>13</b> STREET ADDRESS			
<b>14</b> CITY-ST-ZIP			
<b>21</b> TITLE			
<b>22</b> NAME			
<b>23</b> STREET ADDRESS			
<b>24</b> CITY-ST-ZIP			
<b>31</b> TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>32</b> NAME			
<b>33</b> STREET ADDRESS			
<b>34</b> CITY-ST-ZIP			
<b>41</b> TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>42</b> NAME			
<b>43</b> STREET ADDRESS			
<b>44</b> CITY-ST-ZIP			
<b>51</b> TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>52</b> NAME			
<b>53</b> STREET ADDRESS			
<b>54</b> CITY-ST-ZIP			
<b>61</b> TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>62</b> NAME			
<b>63</b> STREET ADDRESS			
<b>64</b> CITY-ST-ZIP			

**800002184678--9**  
**-05/20/97--01037--003**  
**\*\*\*\*165.00 \*\*\*\*165.00**

*Handwritten signature/initials*

**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 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:** *W. D. Childers* **W. D. Childers, President 04/30/97 904/944-3900**

CR2E034 (9/96)