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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:55

DOCUMENT # H62956 (8)

1. Corporation Name

BELLEMEAD DEVELOPMENT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% MELODY SAWYER RICHARDSON, ESQ 4 BECKER FARM RD ROSELAND NJ 07068	% MELODY SAWYER RICHARDSON, ESQ 4 BECKER FARM RD ROSELAND NJ 07068

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 06/19/1985
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1633845 ☐ 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

TUMBLESON, J. DOYLE, ESQ.
C/O KINSEY, VINCENT, PYLE P.A.
150 SOUTH PALMETTO AVENUE, BOX
DAYTONA BEACH FL 32114

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☐ Change ☐ Addition	
NAME	O'HARE, DEAN R.	1.2 NAME		
STREET ADDRESS	4 BECKER FARM RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ROSELAND NJ	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition	
NAME	NORTON, DONN H.	2.2 NAME		
STREET ADDRESS	4 BECKER FARM RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ROSELAND NJ	2.4 CITY-ST-ZIP		
TITLE	SVP	3.1 TITLE	☐ Change ☐ Addition	
NAME	BOND, ROBERT W.	3.2 NAME		
STREET ADDRESS	4 BECKER FARD RD.	3.3. STREET ADDRESS		
CITY-ST-ZIP	ROSELAND NJ	3.4 CITY-ST-ZIP		
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition	
NAME	GROSSEIBL, ERIC H.	4.2 NAME		
STREET ADDRESS	4 BECKER FARM RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ROSELAND NJ	4.4 CITY-ST-ZIP		
TITLE	VS	5.1 TITLE	☒ Change ☐ Addition	
NAME	RICHARDSON, MELODY SAWYER	5.2 NAME	Joanne F. Meisler	
STREET ADDRESS	4 BECKER FARM ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	ROSELAND NJ	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE	☐ Change ☐ Addition	
NAME	COLLINS, JOHN	6.2 NAME		
STREET ADDRESS	2990 S. ATLANTIC AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joanne F Meisler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

000482 FP