


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

FILED

Feb 06 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 # **J44328** (9)

1. Corporation Name
BELLEVIEW ISLAND DEVELOPMENT CORP.

Principal Place of Business

% ROBERT W. BYRD
1212 S. MYRTLE AVE.
CLEARWATER FL 34616

Mailing Address

% ROBERT W. BYRD
1212 S. MYRTLE AVE.
CLEARWATER FL 34616-3425

3. Date Incorporated or Qualified
11/26/1986

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
1208 S. MYRTLE AVE.
22 City & State
CLEARWATER FL

23 Zip
34616
25 Country
USA

2a. Mailing Address

26 Suite, Apt. #, etc.
1208 S. MYRTLE AVE
27 City & State
CLEARWATER FL

28 Zip
34616
30 Country
USA

4. FEI Number

59-2763414

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

BYRD, ROBERT W.
1212 S. MYRTLE AVE.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1208 S. MYRTLE AVE

83

84 City

CLEARWATER

FL

85 Zip Code

34616

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

TITLE **VST** ☐ DELETE
NAME **BYRD, ROBERT W.**
STREET ADDRESS **1212 S. MYRTLE AVE.**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **PD** ☐ DELETE
NAME **JUENGLING, CHARLES**
STREET ADDRESS **1212 S. MYRTLE AVE.**
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VST** ☐ Change ☐ Addition
1.2 NAME **BYRD, ROBERT W.**
1.3 STREET ADDRESS **1208 S. MYRTLE AVE**
1.4 CITY - ST - ZIP **CLEARWATER FL 34614**

2.1 TITLE **PD** ☐ Change ☐ Addition
2.2 NAME **JUENGLING, CHARLES**
2.3 STREET ADDRESS **1208 S. MYRTLE AVE.**
2.4 CITY - ST - ZIP **CLEARWATER FL 34614**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Juengling (813) 461-6449

CR2E034 (9/96)