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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

BELLCREST HOLDING CO., INC.

FILED Jan 27 1998 8:00am Secretary of State



						/#1 B/#1 B(#) B(#) B/#1 B/#1 B/#1 J/#1 I/#
Principal Plac	ce of Business	Mailing Address			i tabiing dini didii 19015 danib 11017	ANDA DADAH SIDAH DADAH DADAH DADAH DADAH BANTI ARDI
815 \$ MAIN ST 815 S. MAIN ST. 6TH FLOOR JACKSONVILLE FL 32207 JACKSONVILLE FL 32207			L 3220 7		DO NOT WRITE IN THIS SPACE	
US		U\$ 			3. Date Incorporated or Qualified 12/15/1986	
21 26		2a. Mailing Addre 26	В		4, FEI Number 59-2748886	Applied For Not Applicable
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zıp	Count	ry	8. This corporation owes or has p	aid the current year intendible
24	25	[29]	30		Personal Property Tax due Jun	
	g, Name and Address of Curi	rent Hegistered Agent		1 Name	10. Name and Address of New R	egistered Agent
	NCE, R. J.		٥	Name		
815 S MAIN ST #600			8		dress (P.O. Box Number is Not Accepta	ble)
JA:	CKSONVILLE FL 32207		8	3		
				4 City		FL 85 Zip Code
j Onice or o	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	ne of Fiorida. Such chand	e was authorized i	ay the caraor	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered into the appointment as registered
SIGNATURE						
40	Signature, typed or printed hame of registered	agent and tille if applicable. ND DIRECTORS		gent signature red	juired when reinstating)	DATE
12. TITLE	PD OFFICERS A	DELE	13.		ADDITIONS/CHANGES TO OFFI	
NAME	BELL, A. QUINN			į į		☐ Change ☐ Addition
STREET ADDRESS	815 S MAIN ST		1.2 NAM			
CITY-ST-ZIP	JACKSONVILLE FL			ET ADDRESS		,
TITLE	SD	☐ DÉL E	TE 2.1 TITLE			Change Addition
NAME	STRICKLAND, BARBARA S.		2.2 NAME			Li Change Li Adulton
STREET ADDRESS	815 S MAIN ST			ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY			
TITLE	VID	2.40				Change Addition
NAME	PRICE, R. J.	_	3.2 NAME			E Change E Addition
STREET ADDRESS	815 S MAIN ST			T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY			
TITLE	AS	☐ DELE				Change Addition
NAME	Barnett, James G.		4. 2 NAM			
STREET ADDRESS	815 S MAIN ST		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CiTY -	1		
TITLE	DC	☐ DELE				Change Addition
NAME	S UDDATH, STEPHEN M.		5.2 NAME			
STREET ADDRESS	815 S MAIN ST		5.3 STREE	1 ADDRESS		
CITY-ST-ZIP	JACKSONVILLE,F L.		5.4 CITY-	ST-ZIP		
TITLE		☐ DELE				☐ Change ☐ Addition
NAME			6.2 NAME			-
STREET ADDRESS			63 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 C/TY-	S1-ZIP		
44 I hereby c	ertify that the information europlied	with this filing slage and ac-	allforfactles access	44-41	- C 440 07(D)() El- 131 OLL	

r nereby ceruly that the information supplied with this filing cloes 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 is 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 attagrament with an address.