

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J74005 (6)

1. Corporation Name

C.B. BELL MOTORS, INC.



Principal Place of Business

11907 NORTH FLORIDA AVE.  
TAMPA FL 33612

Mailing Address

11807 NORTH FLORIDA AVE.  
TAMPA FL 33612

3. Date Incorporated or Qualified  
05/22/1987

3a. Date of Last Report  
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2807964

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

10. Name and Address of New Registered Agent

SEIDEL, WILLIAM F.

11907 N. FLORIDA AVE.

TAMPA FL 33612

RETIRED

81 Name

SYLVIA J. WILLHOFF

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

14022 N. HWY. 301

83

THONOSASSA, FL. ZIP-33592

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 *Sylvia J. Willhoff*

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 ☐ DELETE

NAME  
BELL, CLAIRE B.  
STREET ADDRESS  
11907 N FLORIDA AVE.  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

NAME  
BELL, CLAIRE M.  
STREET ADDRESS  
11907 NORTH FLORIDA AVE  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

NAME  
~~BELL, JAMES D.~~  
STREET ADDRESS  
11907 NORTH FLA. AVE. DECEASED  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

NAME  
SYLVIA J. WILLHOFF  
STREET ADDRESS  
11907 NORTH FLA. AVE.  
CITY-ST-ZIP  
TAMPA, FLA.

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 ☐ 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 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)(k), 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:

*C.B. Bell*

V.P. C.B. BELL V.P.

MAR 29 1996 9351871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)