

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L95915** (9)

1. Corporation Name

BELL & ASSOCIATES OF THE SUNCOAST, INC.



Principal Place of Business

**5920 MAIN STREET
NEW PORT RICHEY FL 34652**

Mailing Address

**5920 MAIN STREET
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 34652 U.S.A.

3. Date Incorporated or Qualified
08/10/1990

3a. Date of Last Report
04/07/1995

4. FET Number
59-3025001

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

**ALTMAN, PETER A
5920 MAIN STREET
NEW PORT RICHEY FL 33652**

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

Signature typed or printed name of officer or director

Signature typed or printed name of registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P BELL, LESTER L**
STREET ADDRESS **RTE. 1 BOX 159A**
CITY-STATE-ZIP **BRASSTOWN NC 28902**

TITLE ☐ DELETE
NAME **BELL, BARBARA A**
STREET ADDRESS **RTE. 1 BOX 159A**
CITY-STATE-ZIP **BRASSTOWN FL 28902**

TITLE ☐ DELETE
NAME **S ALTMAN, PETER A**
STREET ADDRESS **5920 MAIN STREET**
CITY-STATE-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS **579 Callwell rd.**
14 CITY-STATE-ZIP **BRASSTOWN NC 28902**

21 TITLE
22 NAME
23 STREET ADDRESS **579 Callwell rd.**
24 CITY-STATE-ZIP **BRASSTOWN, NC 28902**

31 TITLE
32 NAME
33 STREET ADDRESS **5715 Main St.**
34 CITY-STATE-ZIP **New Port Richey FL 34652**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-96 813/842-3262

CR2E034 (12/95)