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FILED  
Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005874 (1)**

1. Corporation Name

**BELL LAGOON, INC.**

Principal Place of Business

Mailing Address

**3603 BLACKBEARDS WAY  
YULEE FL 32097**

**2207 N CENTRAL AVE  
TIFTON GA 31794-2850  
US**

3. Date Incorporated or Qualified

**12/13/1995**

4. FEI Number

**59-3362195**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 2207 N. CENTRAL AVE.**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 TIFTON, GEORGIA**

**28**

Zip Country

Zip Country

**24 31794-2850 25 TIFT**

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIRST, NEAL A  
3603 BLACKBEARDS WAY  
YULEE FL 32097**

81 Name

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

**301 1/2 CENTRAL STREET**

83

**FERNANDINA BEACH**

84 City

**FL 85 Zip Code 32034**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

**NEAL A. HIRST**

**3/3/98**

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

**PD  
HIRST, NEAL A  
2207 N CENTRAL AVE  
TIFTON GA**

TITLE ☐ DELETE

**STD  
HIRST, DEE A  
2207 N CENTRAL AVE  
TIFTON GA**

TITLE ☐ DELETE

**D  
BURGESS, GRANVILLE C ESO  
POST OFFICE BOX 1493  
FERNANDINA BEACH FL 32035-1493**

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 ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

**DEE A. HIRST, STD**

**3/3/98**

**912-387-8915**

CP2E037 (10/97)