

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90056 030 \*\*\*\*61.25

DOCUMENT # **N95000005874**

1. Corporation Name  
**BELL LAGOON, INC.**

Principal Place of Business  
**2207 N CENTRAL AVE  
TIFTON GA 31794-2850  
US**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/13/1995</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3362195</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country			

## 9. Name and Address of Current Registered Agent

**HIRST, NEAL A  
301 1/2 GENTRE STREET  
FERNANDIAN BEACH FL 32304**

## 10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIRST, NEAL A</b>	12. NAME	
STREET ADDRESS	<b>2207 N CENTRAL AVE</b>	13. STREET ADDRESS	
CITY-ST-ZIP	<b>TIFTON GA</b>	14. CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIRST, DEE A</b>	22. NAME	
STREET ADDRESS	<b>2207 N CENTRAL AVE</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>TIFTON GA</b>	24. CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGESS, GRANVILLE C ESQ</b>	32. NAME	<b>TERRY B. FARMAND</b>
STREET ADDRESS	<b>POST OFFICE BOX 1493</b>	33. STREET ADDRESS	<b>301 1/2 CENTRE STREET</b>
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32035-1493</b>	34. CITY-ST-ZIP	<b>FERNANDINA BEACH, FL 32034</b>
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dee A. Hirst* **STD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DEE A. HIRST**

3/15/99

912-387-8915

*Dee A. Hirst* **STD**  
**DEE A. HIRST**

3/30/99

912-387-8915

CR2E037 (11/98)