

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33235 (3)

1. Corporation Name

BELLEROPHON ENTERPRISES LTD., INC.

Principal Place of Business

Mailing Address

PO BOX 84054
JACKSONVILLE FL 32204

PO BOX 84054
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/19/1991

3a. Date of Last Report

04/28/1994

4. FEI Number

59-3070356

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

2. Principal Place of Business

21 P.O. Box 84054

Suite, Apt. #, etc.

22

City & State

23 St. Augustine

Zip

24 32054

Country

25 St. Johns

2a. Mailing Address

26 P.O. Box 84054

Suite, Apt. #, etc.

27

City & State

28 St. Augustine

Zip

29 32054

Country

30 St. Johns

9. Name and Address of Current Registered Agent

GREENFIELD, ROBERT JAMES
9024 FAIRGLADE DR., SOUTH
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

81 Name

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

215 4th Street

83

84 City

St. Augustine Beach

FL

85 Zip Code

32054

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 registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SYCAMORE, JOAN MARIE
STREET ADDRESS	P.O. BOX 61164 N/A
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	SYCAMORE, JOAN MARIE
STREET ADDRESS	P.O. BOX 61164 N/A
CITY ST ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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	P.O. Box 84054
1.4 CITY ST ZIP	St. Augustine FL 32054-0054
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	P.O. Box 84054
2.4 CITY ST ZIP	St. Augustine FL 32054-0054
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 110.07(3)(b), 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:

J. M. Sycamore

J. M. Sycamore

4-24-95

(904) 471-3734

(Signature, typed or printed name of signing officer or director)

Date

(Telephone Number)