

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90104 031 ***150.00

DOCUMENT # P92000003838

1. Corporation Name
BOB BELL, INC.

Principal Place of Business

1242 S COVE CAMP PT
INVERNESS FL 34450
US

Mailing Address

1242 S COVE CAMP PT
INVERNESS FL 34450
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1992

4. FEI Number

59-2746687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1081 N STONEY PT.

2a. Mailing Address

26 1081 N STONEY PT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Crystal River

27 Crystal River

City & State

City & State

23 FL.

28 FLORIDA

Zip

Country U.S

24 34429

25

FL 34429

Zip

Country U.S

29 34429

30

FL 34429

9. Name and Address of Current Registered Agent

BOYAJAN, LEON M II
1125 STERLING RD
S4
INVERNESS FL 34450

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BELL, BOB
STREET ADDRESS 1242 S COVE CAMP PT
CITY-ST-ZIP INVERNESS FL

TITLE DVP ☐ DELETE

NAME BELL, EVELYN K
STREET ADDRESS 1242 S COVE CAMP PT
CITY-ST-ZIP INVERNESS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1081 N STONEY PT
CRYSTAL RIVER FL 34429

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1081 N STONEY PT
CRYSTAL RIVER FL
34429

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information su
indicated on this annual report or sup
officer or director of the corporation or
Block 12 or Block 13 if changed, or on

SIGNATURE:

Bob's

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on 119.07(3)(i), Florida Statutes. I further certify that the information
all have the same legal effect as if made under oath; that I am an
by Chapter 607, Florida Statutes; and that my name appears in

1/10/99

352. 795-1499

Date

Daytime Phone #

CR2E034 (11/98)