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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **P93000029683 (8)**1. Corporation Name

BELL'S CUSTOM FLOORING, INC. Principal Place of Business Mailing Address 901 GRAND CENTRAL ST 901 GRAND CENTRAL ST CLEARWATER FL 34616 CLEARWATER FL 34616 3. Date Incorporated or Qualified 3a. Date of Last Report 04/22/1993 04/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 1475 E PINE ST 59-3181562 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 CLEARWATER Trust Fund Contribution Added to Fees Ζip Country
30 PINELLAS 8. This corporation has liability for intangible tax under s 199.032, 34616 Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BELL, JERRY JR 82 Street Address (P.O. Box Number is Not Acceptable) 901 GRAND CENTRAL ST **CLEARWATER FL 34616** 83 84 City 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, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reins alting). [DATE OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12 ☐ DELETE TITLE 1. 1 TITLE ☐ Change ☐ Addition BELL, JERRY L NAME 1.2 NAME 901 GRAND CENTRAL ST STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY - ST - ZIP 1.4 CITY - \$1 - 2IP DELETE TITLE 2. 1 TITLE ☐ Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-S1-ZIP 24 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 34 CHTY-ST-ZIP THLE DELETE 4.1 TITLE ☐ Change Addition NAME 42 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE ☐ DELETE 5. 1 TITLE Change ☐ Add-tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5.4 CITY-ST-ZIP THILE □ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNAFORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96

813-442-9511

Daytime Phone #

CR2E034 (12/95)