

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

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 PM 5:32

DOCUMENT # P93000032020

1. Corporation Name

BELMONT-BAIN, INC.

Principal Place of Business

Mailing Address

1239 E MEMORIAL BLVD
LAKE LAND, FL 338011239 E MEMORIAL BLVD
LAKE LAND, FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

59-3177805

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$6.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYMOND E BELFORD
1239 E MEMORIAL BLVD
LAKE LAND, FL 33801

81 Name

MARIA ROSS

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

1239 E MEMORIAL BLVD

84 City

LAKE LAND

85 State

FL

86 Zip Code

33801

(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 of 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

MARIA C. ROSS

8-31-00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12

OFFICERS AND DIRECTORS

☐ DELETE

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

D. JAMES H. MONTGOMERY
PO BOX 3726 N/A
ST LEOS, FL 33574

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

ST RAYMOND BELFORD
5112 BRIOLE PATH DRIVE
LAKE LAND, FL 33809

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

10.1 TITLE

10.2 NAME

10.3 STREET ADDRESS

10.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARIA C. ROSS

8-31-00

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #