FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083714 (4)**

1. Corporation Name
BELL LAKE ENTERPRISES, INC.

Principal Place of Business
3300 ALTERNATE 19 NORTH
DUNEDIN FL 34698

Mailing Address
3300 ALTERNATE 19 NORTH
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 4422 LAND O' LAKES BLVD.

2a. Mailing Address
26

4. FEI Number: 59-3217702 — Applied For / Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State
23 LAND O' LAKES, FLORIDA

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip
24 34639

County
25 PASCO

Zip
29

County
30

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
VORBECK, JOSEPH W
3300 ALTERNATE 19 NORTH
DUNEDIN FL 34698

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 607.0505 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 of Registered Agent or Officer of Registered Agent Corporation — Date — (If a Registered Agent Corporation, designate an officer) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	P/S ☒ Change ☐ Addition
NAME	POLUKEY, DUANE R.	NAME	POLUKEY, DUANE R.
STREET ADDRESS	3300 N. ALT 19	STREET ADDRESS	3300 N. ALT. 19
CITY, ST, ZIP	DUNEDIN FL	CITY, ST, ZIP	DUNEDIN, FL 34698
TITLE	VP	TITLE	V/T ☒ Change ☐ Addition
NAME	VORBECK, JOSEPH W.	NAME	VORBECK, JOSEPH W.
STREET ADDRESS	3300 N. ALT 19	STREET ADDRESS	3300 N. ALT. 19
CITY, ST, ZIP	DUNEDIN FL	CITY, ST, ZIP	DUNEDIN, FL 34698
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	HART, SAMUEL JR.	NAME	
STREET ADDRESS	3300 N. ALT 19	STREET ADDRESS	
CITY, ST, ZIP	DUNEDIN FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information contained herein, to the best of my knowledge, is accurate and complete as required or amended and that I am aware that false information submitted to a public agency or officer is punishable by a fine or imprisonment or both as provided in Section 817.155, Florida Statutes. I further certify that the corporation is in compliance with Section 607.0505, Florida Statutes, and that I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: JOSEPH W. VORBECK — 4/26/95 — (813) 784-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0000003 CP