

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000016805 (1)

1. Corporation Name

DRUCILLA E. BELL, P.A.



Principal Place of Business

11497 - 65TH AVENUE NORTH  
SEMINOLE FL 34642-6608

Mailing Address

11497 - 65TH AVENUE NORTH  
SEMINOLE FL 34642-6608

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BELL, DRUCILLA E  
11497 - 65TH AVENUE NORTH  
SEMINOLE FL 34642-6608

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
03/03/1994

3a. Date of Last Report  
04/26/1995

4. FEI Number  
59-2577296

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. 193.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and state it acceptable

(NOTE: Registered Agent's signature required when furnishing

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, DRUCILLA E	
STREET ADDRESS	11497 - 65TH AVENUE NORTH	
CITY - ST - ZIP	SEMINOLE FL 34642-6608	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2. NAME	
7. 3. STREET ADDRESS	
8. 4. CITY - ST - ZIP	
9. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 2. NAME	
11. 3. STREET ADDRESS	
12. 4. CITY - ST - ZIP	
13. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 2. NAME	
15. 3. STREET ADDRESS	
16. 4. CITY - ST - ZIP	
17. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 2. NAME	
19. 3. STREET ADDRESS	
20. 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 118.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

813/397-0951

CR2E034 (12/95)