


FILED


Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

Mar 13 1998 8:00am
Secretary of State



DOCUMENT # P94000016805 (1)
1. Corporation Name
DRUCILLA E. BELL, P.A.

Principal Place of Business
11497 - 65TH AVENUE NORTH
SEMINOLE FL 33772-6808

Mailing Address
11497 - 65TH AVENUE NORTH
SEMINOLE FL 33772-6808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1994

4. FEI Number
59-2577296

Applied For
Not Applicable

2. Principal Place of Business
21 190 Woodward Passage
Suite, Apt. #, etc.
22 City & State
23 Clearwater FL
Zip
24 33767-2200 Country
25 USA

2a. Mailing Address
26 190 Woodward Passage
Suite, Apt. #, etc.
27 City & State
28 Clearwater, FL
Zip
29 33767-2200 Country
30 USA

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BELL, DRUCILLA E
11497 - 65TH AVENUE NORTH
SEMINOLE FL 34842-6808

10. Name and Address of New Registered Agent
81 Name
82 Street Address, (P.O. Box Number is Not Acceptable)
83 190 Woodward Passage
84 City
85 Clearwater FL 86 Zip Code
87 33767-2200

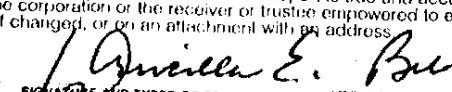
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 D
NAME BELL, DRUCILLA E
STREET ADDRESS 11497 - 65TH AVENUE NORTH
CITY-ST-ZIP SEMINOLE FL 34842-6808
DELETE ☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 190 Woodward Passage
1.4 CITY-ST-ZIP Clearwater, FL 33767-2200
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 changed, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/98 813/466-6080