PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P94000025811

1. Corporation Name

BELL CONSTRUCTION OF SARASOTA, INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90039 015 ***150.00



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Principal Plac	e of Business	Mailing Address			ווסה וויוסה ונולבה וווסה ונוסו פוו יסטווספו נ	# 1789) WISO 1910	ie ji dan i ciani tadi
326-B SHILO ROAD 326-B SHILO ROAD SARASOTA FL 34240 SARASOTA FL 34240							
					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed 04/01/1994	<u> </u>	
Principal Place of Business Za. Mailing Address					4. FEI Number	A	pplied For
21 26			_		65-0476651	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					. 5. Certifcate of Status Desired		Additional equired
City & State City & State 23 28		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Ζiρ	Country	Zip	Country	,	8. This corporation owes the current year In	tangible	
24	25	29 30	0		Personal Property Tax.	☐ Yes	□No_
	9. Name and Address of Currer	nt Registered Agent	81		10. Name and Address of New Registered	Agent	
Presidential A				Name			
BELL, WILLIAM A			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
326-B SHILO ROAD			[0.,000,7.	across (1 Box Hollings) is the Massiphasis,		{
SAM	ASOTA FL 34240		83				
			84	City	FI	85 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.							registered egistered
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Ager	nt signature requ	uired when reinstating) DATE		 (
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
τπιε	PD	☐ DELETE	1.1 TITLE	7		☐ Change	☐ Addition
NAME	BELL, WILLIAM A		1.2 NAME				1
STREET ADDRESS	C/O 326-B SHILO ROAD		1.3 STREET	ADDRESS			-
CITY-ST-ZIP	SARASOTA FL 34240		1.4 CITY-\$	T-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME (BELL, MELISE		2,2 NAME				1
STREET ADORESS	C/O 326-B SHILO ROAD	1	2.3 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34240		2. 4 CITY-S	T-ZIP			
TITLE		☐ DELETE	31 TITLE			Change	☐ Addition
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREET	ADDRESS			ľ
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS		į	4.3 STREET	ADDRESS			1
CITY-ST-ZIP			4.4 CITY-ST	r-ziP			
TITLE		☐ DELETE	5.1 TITLE			[] Change	Addition
NAME			5.2 NAME				
STREET ADDRESS		}	5.3 STREET	ADDRESS			J
C/TY-ST-ZIP			5.4 CITY-ST	-ZIP			
TITLE		☐ DELETE	6.1 TITLE	T		☐ Change	Addition
NAME			6.2 NAME	- 1			İ
STREET ADDRESS			6.3 STREET	ADDRESS			.
1		,					

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 attantiment with an address, with all other like empowered.

SIGNATURE: