

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028978 (2)

1. Corporation Name

BELL - BLANDON, INC.

Principal Place of Business

8023 SHELTON RD
SUITE 10
TAMPA FL 33615

Mailing Address

8023 SHELTON RD
SUITE 10
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/14/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21 8023 SHELTON RD #10

2a. Mailing Address

26 8023 SHELTON RD

4. FEI Number

593241385

Applied For

Not Applicable

22 Suite, Apt. #, etc.

10

27 Suite, Apt. #, etc.

10

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

TAMPA, FL

28 City & State

TAMPA, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

33615

25 Country

USA

26 Zip

33615

28 Country

USA

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

9. Name and Address of Current Registered Agent

BELLOISE, ANDRE
8023 SHELTON RD
SUITE 10
TAMPA FL 33615

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BELLOISE, ANDRE
STREET ADDRESS 8023 SHELTON RD SUITE 10
CITY - ST - ZIP TAMPA FL 33615

TITLE D
NAME BLANDON, ALEJANDRO
STREET ADDRESS 7021 DRURY ST
CITY - ST - ZIP TAMPA FL 33635

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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

Date

Exhibit Number

813-884-5478