

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 05 1996 8:00 am
Secretary of State

DOCUMENT # P94000036993 (1)

1. Corporation Name

BELLEAIR HOMES, INC.

Principal Place of Business

1016 PONCE DE LEON BLVD.
STE. #5
BELLEAIR FL 34616

Mailing Address

1016 PONCE DE LEON BLVD.
STE. #5
BELLEAIR FL 34616

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SMITH, KATHLEEN W
3 DORADO PLACE
CLEARWATER FL 34624

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/29/1994

3a. Date of Last Report

10/09/1995

4. FEI Number

59-3257640

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. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 filed application

(NOTE: Registered Agent's signature required after re-statement)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P
NAME SMITH, KATHLEEN W
STREET ADDRESS 3 DORADO PLACE
CITY-ST-ZIP CLEARWATER FL 34624 ☐ DELETE

TITLE VP
NAME WARHURST, PETER S
STREET ADDRESS 158 HARBORAJE COURT
CITY-ST-ZIP CLEARWATER FL 34630 ☒ DELETE

TITLE VP
NAME KIRSHNER, CHRISTOPHER G
STREET ADDRESS 3211 SWANN AVE- APT. 905
CITY-ST-ZIP TAMPA FL 33609 ☐ DELETE

TITLE VP
NAME WETHERINGTON, DONALD D JR
STREET ADDRESS 2400 FLINTLOCK DR.
CITY-ST-ZIP CLEARWATER FL 34625 ☒ DELETE

TITLE VP
NAME BOWMAN, THOMAS
STREET ADDRESS 2067 HUNTERS GLEN- UNIT 306
CITY-ST-ZIP DUNEDIN FL 34698 ☒ DELETE

TITLE ST
NAME SMITH, JEFFREY W
STREET ADDRESS 3 DORADO PLACE
CITY-ST-ZIP CLEARWATER FL 34624 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME Smith, Kathleen W.
1.3 STREET ADDRESS 407 ROEBLING RD. SO.
1.4 CITY-ST-ZIP Belleair, FL 34616

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 ST Smith, Jeffery W.
6.3 STREET ADDRESS 407 ROEBLING ROAD SO.
6.4 CITY-ST-ZIP Belleair, FL 34616

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 119.07(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:

Kathleen W. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/96 (813) 581-4663

Date

Telephone Number

CR2E034 (12/95)