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FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000053472 (4)

1. Corporation Name  
BELLE PUBLISHING CORPORATION

Principal Place of Business

121 PORTO VISTA CT.  
ISLAMORADA FL 33036  
US

Mailing Address

P.O. BOX 1534  
ISLAMORADA FL 33036-1534  
US



2. Principal Place of Business  
21 290 WOODS AVE

Suite, Apt. #, etc.  
22 TAVERNIER, FL

City & State  
23 33070

Zip  
24  
Country  
25 U.S.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip  
29  
Country  
30

3. Date Incorporated or Qualified  
07/18/1994

3a. Date of Last Report  
08/12/1996

4. FEI Number  
65-0508661

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

9. Name and Address of Current Registered Agent

PADGETT, ROBERT H  
121 PORTO VISTA CT.  
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name

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

290 WOODS AVE

83

84 City  
TAVERNIER

FL

85 Zip Code  
33070

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME  
PADGETT, HOLLY H  
STREET ADDRESS  
121 PORTO VISTA CT  
CITY - ST - ZIP  
ISLAMORADA FL

TITLE V ☐ DELETE

NAME  
PADGETT, R H  
STREET ADDRESS  
121 PORTO VISTA CT  
CITY - ST - ZIP  
ISLAMORADA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

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

290 WOODS AVE.  
TAVERNIER, FL

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

290 WOODS AVE  
TAVERNIER, FL

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-97 (305) 853-5130

CR2E034 (9/96)