

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

DOCUMENT # **P94000053814 (7)**

1. Corporation Name

JIM BELL AND SONS, INC.



Principal Place of Business

**8237 HUNTERS GROVE RD.
JACKSONVILLE FL 32256**

Mailing Address

**8237 HUNTERS GROVE RD.
JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified
07/20/1994

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21 **1301 Riverplace Blvd.**

Suite, Apt. #, etc.

22 **#2554**

City & State

23 **Jacksonville, FL**

Zip

24 **32207**

Country

25 **U.S.A.**

2a. Mailing Address

26 **1301 Riverplace Blvd.**

Suite, Apt. #, etc.

27 **#2554**

City & State

28 **Jacksonville, FL**

Zip

29 **32207**

Country

30 **U.S.A.**

4. FEI Number

59-3211508

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

**BELLISARIO-JIMENEZ, LYNDIA
8237 HUNTERS GROVE RD.
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name

TOMAS A. JIMENEZ

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

8237 Hunters Grove Road

83

84 City

Jacksonville

FL

85 Zip Code

32207

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 type and printed name of registered agent and then applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **BELLISARIO-JIMENEZ, LYNDIA**
STREET ADDRESS **8237 HUNTERS GROVE RD.**
CITY-STATE-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Vice President**
1.3 STREET ADDRESS **Tomas A. Jimenez**
1.4 CITY-STATE-ZIP **8237 Hunters Grove Road**
Jacksonville, FL 32207

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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

Tomas A. Jimenez

March 5, 1996

(904) 398-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)