

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90006 048 ***150.00

DOCUMENT # P-94000053814

1. Corporation Name
Jim Bell and Son's Inc
1301 Riverplace Boulevard Suite 2554
Jacksonville - Florida 32207

Principal Place of Business Mailing Address
1301 RIVERPLACE BLVD. SUITE 2554 1301 RIVERPLACE BLVD. SUITE 2554
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7-20-94

4. FEI Number
593211508

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

JIMENEZ, TOMAS A
1301 RIVERPLACE BLVD, SUITE 2554
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name Jimenez Tomas A

82 Street Address P.O. Box Number is Not Applicable
1301 Riverplace Boulevard

83 Suite 2554

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 *Tomas A Jimenez* DATE 4-28-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D - President	1.1 TITLE	D - President
NAME	JIMENEZ, TOMAS A	1.2 NAME	Jimenez Tomas A
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 2554	1.3 STREET ADDRESS	1301 Riverplace Blvd Suite 2554
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	JACKSONVILLE - Florida 32207
TITLE	D - Bellisario Jimenez Lynda	2.1 TITLE	D - Bellisario Jimenez Lynda
NAME	Bellisario Jimenez Lynda	2.2 NAME	Bellisario Jimenez Lynda
STREET ADDRESS	1301 Riverplace Boulevard Suite 2554	2.3 STREET ADDRESS	1301 Riverplace Blvd Suite 2554
CITY-ST-ZIP	JACKSONVILLE - Florida 32207	2.4 CITY-ST-ZIP	JACKSONVILLE, Florida 32207
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Tomas A Jimenez* DATE 4-28-99 DAYTIME PHONE # 904-398-1110

(NOTE: Registered Agent signature required when reinstating)