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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000068579 (9)

1. Corporation Name

E. C. BELL, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1482 E. 23RD STREET<br>JACKSONVILLE FL 32206 | 1482 E. 23RD STREET<br>JACKSONVILLE FL 32206 |

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3265818 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BELL, E.C.
1482 E. 23RD STREET
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | BELL, E.C. | 12 NAME | | |
| STREET ADDRESS | 1482 E. 23RD STREET | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | 14 CITY-ST-ZIP | | |
| TITLE | D | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | BELL, CARLENA | 22 NAME | | |
| STREET ADDRESS | 1482 E. 23RD STREET | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | 24 CITY-ST-ZIP | | |
| TITLE | D | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | BELL-WILLIAMS, LORRAINE | 32 NAME | | |
| STREET ADDRESS | 5978 FURY DRIVE | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | 34 CITY-ST-ZIP | | |
| TITLE | D | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | BELL, DAVID | 42 NAME | | |
| STREET ADDRESS | 432 ABORETUM WAY | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | CANTON MA 02021 | 44 CITY-ST-ZIP | | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | BELL, DANIEL | 52 NAME | | |
| STREET ADDRESS | 454 BRYSON DRIVE | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | 54 CITY-ST-ZIP | | |
| TITLE | D | 61 TITLE | REMITTED BY MAY 1 | ☐ Change ☐ Addition |
| NAME | BELL, LARRY | 62 NAME | | |
| STREET ADDRESS | 1482 E. 23RD STREET | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | 64 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 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 on an attachment with an address.

SIGNATURE: Eunice Bell EUNICE BELL
(Signature and typed or printed name of person signing) Date Daytime Phone #

0002703 CP