

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000087608 (3)

1. Corporation Name
BLUEBELL, INC.

Principal Place of Business
1140-C ORANGE TREE CIRCLE WEST
PALM HARBOR FL 34684

Mailing Address
1140-C ORANGE TREE CIRCLE WEST
PALM HARBOR FL 34684

APPROVED
AND
FILED
1995 MAY 25 P 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001501034
-05/30/95--01024--015
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 12/02/1994	3a. Date of last report New
4. FIC Number 59-3287073	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 attorney's fee under 1979 CLE Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21. 1159 Royal Blvd. Suite Apt # etc. 22. City & State Palm Harbor, Florida 23. 34684	2b. Mailing Address 26. 1159 Royal Blvd Suite Apt # etc. 27. City & State Palm Harbor, Florida 28. 34684
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9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81. Name Roger Harris 82. Street Address (P.O. Box Number is Not Acceptable) 1159 Royal Blvd 83. 84. City Palm Harbor FL 85. Zip Code 34684	
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11. Pursuant to the provisions of Sections 607.0505 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: Roger Harris, President April 27, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D HARRIS, ROGER 2. STREET ADDRESS 1159 ROYAL BLVD, 3. CITY & STATE PALM HARBOR, FL 34684	4. TITLE	1. NAME D ROGER HARRIS 2. STREET ADDRESS 1159 ROYAL BLVD, 3. CITY & STATE PALM HARBOR, FL 34684	4. TITLE
5. NAME	6. TITLE	5. NAME	6. TITLE
7. NAME	8. TITLE	7. NAME	8. TITLE
9. NAME	10. TITLE	9. NAME	10. TITLE
11. NAME	12. TITLE	11. NAME	12. TITLE
13. NAME	14. TITLE	13. NAME	14. TITLE
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91. NAME	92. TITLE	91. NAME	92. TITLE
93. NAME	94. TITLE	93. NAME	94. TITLE
95. NAME	96. TITLE	95. NAME	96. TITLE
97. NAME	98. TITLE	97. NAME	98. TITLE
99. NAME	100. TITLE	99. NAME	100. TITLE

REMITTED BY MAY 1

5/25/95

14. I, the undersigned, certify that the information supplied with this filing is, to the best of my knowledge and belief, true and correct, and that my signature shall have the same legal effect as if it were made under oath. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Roger Harris 4/26/95 (813) 785-6944

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000088205

1. Corporate Name

EXPERT METAL, INC.

Principal Place of Business

Mailing Address

6845 PINE FOREST RD.
PENSACOLA, FL 32526

6845 PINE FOREST RD.
PENSACOLA, FL 32526

REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE

3. Date for preparation of statement 11-30-94	3a. Date of Last Report NOT IN USE YET
4. FET Number	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. Does corporation have liability for franchise tax under 1994 Q.S. Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt # etc	26. 6845 PINE FOREST RD.
22. City & State	27. Suite Apt # etc
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VERRIS G. MAGEE
6845 PINE FOREST RD.
PENSACOLA, FL 32526

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	70100114-443-007 05/24/95--011015--001
84. City	****000.00 FL 443-200000

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3) 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 responsibilities of the registered agent. Florida Statutes

SIGNATURE

Signature of the registered agent or the person authorized to sign on behalf of the corporation

Signature of the registered agent or the person authorized to sign on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY
NAME PRESIDENT VERRIS G. MAGEE 6845 PINE FOREST RD. PENSACOLA, FL 32526	1. NAME ☐ Change ☐ Addition
2. NAME	2. NAME ☐ Change ☐ Addition
3. NAME	3. NAME ☐ Change ☐ Addition
4. NAME	4. NAME ☐ Change ☐ Addition
5. NAME	5. NAME ☐ Change ☐ Addition
6. NAME	6. NAME ☐ Change ☐ Addition
7. NAME	7. NAME ☐ Change ☐ Addition
8. NAME	8. NAME ☐ Change ☐ Addition
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11. NAME	11. NAME ☐ Change ☐ Addition
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14. NAME	14. NAME ☐ Change ☐ Addition
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16. NAME	16. NAME ☐ Change ☐ Addition
17. NAME	17. NAME ☐ Change ☐ Addition
18. NAME	18. NAME ☐ Change ☐ Addition
19. NAME	19. NAME ☐ Change ☐ Addition
20. NAME	20. NAME ☐ Change ☐ Addition

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 119.03(1)(b) Florida Statutes. I further certify that the information is correct and that the 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. 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 1, or Block 13, of the report as required in accordance with an ordinance.

SIGNATURE:

ORIGINAL AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-28-95

904-944-0211