

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 25 AM 8:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000089199 (1)

1. Corporation Name:

BELL TITLE SERVICES, INC.

Principal Place of Business:

1314 CAPE CORAL PKWY
SUITE 208
CAPE CORAL FL 33904

Mailing Address:

1314 CAPE CORAL PKWY
SUITE 208
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/09/1994**
3a. Date of Last Report: **12/9/94**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 15031 N. Mallard Ln.		26 15031 N. Mallard Ln.		65-0538982		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23 Ft. Myers, Fl.		28 Fort Myers, Fl.		<input type="checkbox"/>			
Zip		Zip		Country		Country	
24 33913		25 Lee		29 33913		30 Lee	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**BELL, JERRY
15031 N MALLARD LN
FT MYERS FL 33913**

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 607.0504, Florida Statutes.

SIGNATURE: **JERRY B. BELL** *Jerry B. Bell* **7/7/95**
(Signature typed or printed name of registered agent and date of change) (Date Registered Agent signature was filed when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President & Treasurer	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry B. Bell	12 NAME	
STREET ADDRESS	15031 N. Mallard Lane	13 STREET ADDRESS	
CITY, ST, ZIP	Fort Myers, Florida 33913	14 CITY, ST, ZIP	
TITLE	Vice President & Secretary	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard A. Collman	22 NAME	
STREET ADDRESS	2340 Periwinkle Way, I-2	23 STREET ADDRESS	
CITY, ST, ZIP	Sanibel, Florida 33957	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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 139.07(3)(b), 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 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 my address.

SIGNATURE: **JERRY B. BELL** *Jerry B. Bell* **7/7/95** **941-481-4813**
(Signature typed or printed name of signing officer or director) (Date) (Telephone #)

CR2E034 (3/95)