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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000028910 (4)

1. Corporation Name

PAMELA COLE BELL, P.A.



Principal Place of Business

200 N. GARDEN AVE.
SUITE A
CLEARWATER FL 34615
US

Mailing Address

200 N. GARDEN AVE.
SUITE A
CLEARWATER FL 34615-4120
US

2. Principal Place of Business

21 10071 Linden Place Dr.

Suite, Apt. #, etc.

22

City & State

23 Seminole, FL

Zip

24 33776

Country

25 Pinellas

2a. Mailing Address

26 P.O. Box 7151

Suite, Apt. #, etc.

27

City & State

28 Seminole, FL

Zip

29 33775

Country

30 Pinellas

3. Date Incorporated or Qualified

04/12/1995

3a. Date of Last Report

04/26/1996

4. FEI Number

59-3308543

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

BELL, PAMELA C
200 N. GARDEN AVE.
SUITE A
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

Pamela C. Bell

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

10071 Linden Place Dr.

83

84 City

Seminole

FL

85 Zip Code

33776

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

Pamela C. Bell
Signature, typed or printed name of registered agent and title if applicable

Pamela C. Bell, Pres.

(NOTE: Registered Agent signature required when reinstating)

4-15-97
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BELL, PAMELA C
STREET ADDRESS 200 N. GARDEN AVE.
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Bell, Pamela C.
1.3 STREET ADDRESS 10071 Linden Place Dr.
1.4 CITY-ST-ZIP Seminole, FL 33776

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

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

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

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

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

14. I do 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 on an attachment with an address.

SIGNATURE:

Pamela Cole Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)