

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000035141 (7)

1. Corporation Name

~~BELLAMY, INC.~~
JAN C. BELLAMY, PA. *NC*



Principal Place of Business

5203 SLIGH RD.
LAKELAND FL 33813

Mailing Address

5203 SLIGH RD.
LAKELAND FL 33813

3. Date Incorporated or Qualified
05/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3326980

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELLAMY, JANET
5203 SLIGH RD.
LAKELAND FL 33813

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

Signature typed or printed (Name of Registered Agent) in Block 12 of this report

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	FAKE	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JANET C. BELLAMY	
STREET ADDRESS	5203 SLIGH ROAD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	PRESIDENT
23 STREET ADDRESS	JANET C. BELLAMY
24 CITY-ST-ZIP	5203 SLIGH ROAD
3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	500001840695
53 STREET ADDRESS	-05/28/96--01031--008
54 CITY-ST-ZIP	***208.75
6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<i>Janet C.</i>
63 STREET ADDRESS	<i>ce</i>
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)(k), 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: *Janet C. Bellamy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
DATE

941-2648-4530
DAYTIME PHONE

CR2E034 (12/95)