

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Peggy B. McMan
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 26 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000067526
1. Corporation Name
Bellevue U-Pull-IT Inc.

Principal Place of Business

Mailing Address

4395 SE. 95TH STREET
OCALA FLORIDA 34480

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI 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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

Signature (typed or printed name of registered agent and date of appointment)

(NOTE: Registered Agent signature required when resigning)

3-17-97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP

6. TITLE NAME STREET ADDRESS CITY-ST-ZIP

7. TITLE NAME STREET ADDRESS CITY-ST-ZIP

8. TITLE NAME STREET ADDRESS CITY-ST-ZIP

9. TITLE NAME STREET ADDRESS CITY-ST-ZIP

10. TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. TITLE NAME STREET ADDRESS CITY-ST-ZIP

15. TITLE NAME STREET ADDRESS CITY-ST-ZIP

16. TITLE NAME STREET ADDRESS CITY-ST-ZIP

17. TITLE NAME STREET ADDRESS CITY-ST-ZIP

18. TITLE NAME STREET ADDRESS CITY-ST-ZIP

19. TITLE NAME STREET ADDRESS CITY-ST-ZIP

20. TITLE NAME STREET ADDRESS CITY-ST-ZIP

21. TITLE NAME STREET ADDRESS CITY-ST-ZIP

22. TITLE NAME STREET ADDRESS CITY-ST-ZIP

23. TITLE NAME STREET ADDRESS CITY-ST-ZIP

24. TITLE NAME STREET ADDRESS CITY-ST-ZIP

25. TITLE NAME STREET ADDRESS CITY-ST-ZIP

26. TITLE NAME STREET ADDRESS CITY-ST-ZIP

27. TITLE NAME STREET ADDRESS CITY-ST-ZIP

28. TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information submitted 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 13 of Block 13. I checked or checked an attachment with an address.

SIGNATURE

Donaldo W Wake

4/8/97

CR2E034 (9/96)