

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

FILED

Feb 12 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 # P96000013755 (9)

1. Corporation Name  
BELLINGER M.S., INC.



Principal Place of Business

3420 GULF SHORE BLVD  
HARBORSIDE W  
NAPLES FL 33940

Mailing Address

3420 GULF SHORE BLVD  
HARBORSIDE W  
NAPLES FL 34103-2109

3. Date Incorporated or Qualified  
02/12/1996

3a. Date of Last Report  
NA

2. Principal Place of Business

21 3420 GULF SHORE BLVD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.  
#42

27 Suite, Apt. #, etc.

23 City & State

NAPLES FL

28 City & State

NAPLES FL

24 Zip

34103

25 Country

COLLIER

29 Zip

30 Country

4. FEI Number

65-0640774

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

BELLINGER, MARGUERITE S  
3420 GULF SHORE BLVD  
HARBORSIDE W  
NAPLES FL 33940

ALL OK EXCEPT  
ZIP

34103

10. Name and Address of New Registered Agent NO CHANGE

81 Name  
BELLINGER, MARGUERITE S ONLY  
82 Street Address (P.O. Box Number is Not Acceptable)  
3420 GULF SHORE BLVD  
83 HARBORSIDE W #42  
84 City  
NAPLES FL  
85 Zip Code  
34103

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 NA - Same agent/officer Bellinger, Marguerite S 2/4/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installation) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BELLINGER, MARGUERITE S  
STREET ADDRESS 3420 GULF SHORE BLVD, HARBORSIDE W  
CITY - ST - ZIP NAPLES FL 33940

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
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CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. NA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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: Bellinger, Marguerite S.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-97 941-592-0522  
Date Daytime Phone #

CR2E034 (9/96)