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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000022258 (2)

BELL CONSULTING SERVICES, INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 44 TERRA COTTA WAY 44 TERRA COTTA WAY **DESTIN FL 32541** DESTIN FL 32541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 ∏ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 BELL, GRACE V Name 44 TERRA COTTA WAY 82 Street Address (P.O. Box Number is Not Acceptable) **DESTIN FL 32541** 83 64 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title 4 applicable DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELFTE 1.1 TITLE ☐ Change ■ Addition BELL, GRACE V NAME 1.2 NAME 44 TERRA COTTA WAY STREET ADDRESS 1.3 STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 31 TILLF NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 DITY-ST-7/P DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 611IILE ☐ Change Addition TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 C/TY - ST - 7/P CITY-ST-ZIP

14. Thereby 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 corperation 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