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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P9700068881** 1. Corporation Name

BELCO INVESTMENT COMPANY

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90103 034 ***150.00



2501 N. ORIENT RD. STE D TAMPA FL 33619		2501 N. ORIENT RD. STE D Tampa Fl 33619			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/07/1997			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For	
24	330 01 234	26			59-3461911		Not Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required	
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees	
Zip 24	Country 25	Zip 29 3	Country 30		This corporation owes the current year In Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	nt Registered Agent		, -	10. Name and Address of New Registered	Agent	———	
			81	Name				
BELISLE, MEL R 906 CENTERBROOK DR			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
BRAN	NDON FL 33511		83		•			
			84		rporation submits this statement for the purpose o	- [p Code	
agent. I ar SIGNATURE	n familiar with, and accept the obligation of th	ations of, Section 607.0505, Flori	da Statutes	i.	tion's board of directors. I hereby accept the appointment of the directors of the position of the directors of the position o			
12.	OFFICERS At	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PT	☐ DELETE	1,1 TITLE			☐ Chang	e Addition	
NAME	BELISLE, MEL R		1.2 NAME					
STREET ADDRESS	906 CENTERBROOK DR.		1.3 STREE	TADDRESS				
CITY-ST-ZIP	BRANDON FL 33511	——————————————————————————————————————	1.4 CITY-5	ST-ZIP		☐ Chang	e Addition	
TITLE	S	☐ DELETE	21 TITLE			[1] Outsing	C DAGGEON	
NAME	BELISLE, JEANETTE		2.2 NAME				l	
STREET ADDRESS	906 CENTERBROOK DR			T ADDRESS	•			
CITY-ST-ZIP	BRANDON FL 33511	☐ DELETE	2. 4 CITY- 3.1 TITLE	51-217		Chang	e	
TITLE NAME			3.2 NAME			_ •	Į	
STREET ADDRESS			1	TADDRESS			ĺ	
CITY-ST-ZIP			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE	-		Chang	e Addition	
NAME		,	4, 2 NAME	ĺ			1	
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	51 TITLE			☐ Chang	e	
NAME			5.2 NAME				Į	
STREET ADDRESS				T ADDRESS			1	
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			a Dadwar	
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	e 🗍 Addition	
NAME			6.2 NAME		•			
STREET ADDRESS			6.3 STREE	TADDRESS	,			

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

621-1143 Daytime Phone #