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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000095456

TERRY K BELL & ASSOCIATES, INC.

Principal Place of Business Mailing Address							98111 02111 32110		• • • • • • • • • • • • • • • • • • • •	
4736 SOUTHWOOD LANE 4736 SOUTHWOOD LANE										
LAKELAND FL 33813 LAKELAND FL 33813						DO NOT W	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualif	ed			
						11/05/1997				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Арр	olied For	
21		26				59-3475705		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required Fee Required					
22		City & State				S. Flastica Compaign Financia		\$5.00		
City & State	9	28				6. Election Campaign Financia Trust Fund Contribution	'g 🗅	Added to		
Zip	Country	Zip	Cour	ntry		8. This corporation owes the o	urrent year In	tangible	"	
24	25	29 30	0			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of Ne	w Registered	l Agent		
		***		81	Name					
BELL, TERRY K				82	Street Ad	dress (P.O. Box Number is Not Acce	eptable)			
4736 SOUTHWOOD LANE										
LAKELAND FL 33813				83						
			1	84	City			85 Zip C	Code	
							FL	_	intered	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was auth	norizea	DV II	named co ne corpora	orporation submits this statement for ation's board of directors. I hereby ac	ne purpose o cept the appo	or changing its pintment as reg	gistered	
Į.							6/2/9 DATE	9		
	Signature, type or printed name of registered ag			Agent :	signature req	uired when reinstating)			DC IN 12	
12.		ND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO	JFFICERS A	Change	Addition	
TITLE	P	☐ DELETE	1.1 TITLE					[] Glange		
NAME	BELL, TERRY K		1.2 NAME							
STREET ADDRESS	4736 SOUTHWOOD LN	1.3			ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-8		ZIP			Change	Addition	
TITLE		☐ DELETE	2.1 TITLE					∪nange		
NAME			2.2 NAME						Į.	
STREET ADDRESS			2.3 STREE						}	
CITY-ST-ZIP		D of the	2.4 CITY- 3.1 TITLE		-ZIP			☐ Change	Addition	
TITLE		☐ DELETE						C) Sharings		
NAME			3.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				3.4. CITY-ST-ZIP				Change	Addition	
TITLE		☐ DELETE	4.1 TIT					□ Silarige		
NAME			4. 2 NA							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP		The ere	4.4 CIT		ZIP		<del></del>	☐ Change	Addition	
TITLE		☐ DELETE	5.1 TIT	ιE				□ change	_] Addition	

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.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition

Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90007 042 \*\*\*550.00