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Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096725 (1)

1. Corporation Name
BELEW ASSOCIATES, INC.

Principal Place of Business
PO BOX 451802
KISSIMMEE FL 34745

Mailing Address
PO BOX 451802
KISSIMMEE FL 34745



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1741 St. Tropez Ct
Suite, Apt. #, etc.
22
City & State
23 Kissimmee, FL
Zip
24 34744 Country
25 OSCOLA
26 Mailing Address
26 PO Box 451802
Suite, Apt. #, etc.
27
City & State
28 Kissimmee, FL
Zip
29 34745 Country
30 OSCOLA

3. Date Incorporated or Qualified
11/13/1997
4. FEI Number
65-0794165
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BELEW, WESLEY B JR
2739 KISSIMMEE BAY CIRCLE
KISSIMMEE FL 34744

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BELEW, WESLEY B JR
2739 KISSIMMEE BAY CIRCLE
KISSIMMEE FL 34744
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BELEW, AMY
1709 BIRCH TRAIL CIRCLE
CHEASPEAKE VA 23320
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BELEW, WESLEY B III
1709 BIRCH TRAIL CIRCLE
CHEASPEAKE VA 23320
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

W B BELEW JR

1/8/98

4/17-344-9/95

CR2E034 (10/97)