

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortram
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S34453** (8)

1. Corporation Name

BELL PROPERTY MANAGEMENT OF INDIAN RIVER, INC.

Principal Place of Business

**526 EUGENIA ROAD
VERO BEACH FL 32963
US**

Mailing Address

**POST OFFICE BOX 4198
VERO BEACH FL 32964
US**

APPROVED
AND
FILED

MAY - 1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/25/1991	3a. Date of Last Report 08/05/1994
4. FBI Number 65-0246180	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HUDSON, DOROTHY A.
2125 WINDWARD WAY
STE 200
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. Zip Code **FL**

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 in printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	PACKARD, WILLARD C. JR	2. NAME	
STREET ADDRESS	1505 ESTATE LN	3. STREET ADDRESS	
CITY - ST - ZIP	LAKE FOREST IL	4. CITY - ST - ZIP	
TITLE	P	5. TITLE	☐ Change ☐ Addition
NAME	D'HAESELEER, GAYLE	6. NAME	
STREET ADDRESS	526 EUGENIA ROAD	7. STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	8. CITY - ST - ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY - ST - ZIP		12. CITY - ST - ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 liquidator 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name