

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V18541 (5)

1. Corporation Name

BELDEN HOLDING CORPORATION

Principal Place of Business

1720 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

Mailing Address

1720 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/03/1992

3a. Date of Last Report

05/19/1994

4. FEI Number

59-3114209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 4525 So Florida Ave

2a. Mailing Address

26 4525 So Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lakeland, FL

City & State

28 LAKELAND, FL

Zip

24 33803

Country

25 Polk

Zip

29 33801

Country

30 Polk

9. Name and Address of Current Registered Agent

CHRITTON, CHARLES P.
5300 S. FLORIDA AVE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

John D. Belden

82 Street Address (P.O. Box Number is Not Acceptable)

2924 Grasslands Dr

83

84 City

Lakeland

FL

85 Zip Code

33803

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 607.0515, Florida Statutes.

SIGNATURE

John D. Belden

JOHN D. BELDEN

4-28-95

(Signature of individual or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BELDEN, JOHN D.
STREET ADDRESS	1720 S. FLORIDA AVENUE
CITY - ST - ZIP	LAKELAND FL
TITLE	VPD
NAME	BELDEN, DOTTIE
STREET ADDRESS	1720 S. FLORIDA AVENUE
CITY - ST - ZIP	LAKELAND FL
TITLE	ST
NAME	BOWNE, DOUGLAS N.
STREET ADDRESS	1720 S. FLORIDA AVENUE
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☒ Change ☐ Addition
2. NAME	Belden, JOHN D.	
3. STREET ADDRESS	2924 Grasslands Dr	
4. CITY - ST - ZIP	Lakeland, FL 33803	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	Belden, Dottie S.	
2.3 STREET ADDRESS	2924 Grasslands Dr	
2.4 CITY - ST - ZIP	Lakeland, FL 33803	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	Resigned	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VPD	☐ Change ☒ Addition
4.2 NAME	Snow, Robert	
4.3 STREET ADDRESS	4525 S. FL. AVE	
4.4 CITY - ST - ZIP	Lakeland, FL 33801	
5.1 TITLE	STD	☐ Change ☒ Addition
5.2 NAME	Monte, Steve	
5.3 STREET ADDRESS	4525 S. FL AVE	
5.4 CITY - ST - ZIP	Lakeland, FL 33801	
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME	Northrup, James T. II	
6.3 STREET ADDRESS	4525 S. FL. AVE	
6.4 CITY - ST - ZIP	Lakeland, FL 33801	

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)(b), 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:

John D. Belden

JOHN D. BELDEN

4-28-95

404-738-0523

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number