

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V25075 (5)

1. Corporation Name  
BELL INVESTMENTS OF THE SUNCOAST, INC.



Principal Place of Business  
5920 MAIN STREET  
NEW PORT RICHEY, FL 34652  
Route 3, Box 207  
HAYESVILLE, NC 28904

Mailing Address  
5715 MAIN STREET  
NEW PORT RICHEY, FL 34652-2036  
Route 3 Box 207  
HAYESVILLE, NC 28904

3. Date Incorporated or Qualified  
03/30/1992

3a. Date of Last Report  
05/14/1996

2. Principal Place of Business  
21 Route 3 Box 207  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Route 3 Box 207  
Suite, Apt. #, etc.

4. FEI Number  
59-3117634

Applied For  
Not Applicable

22 City & State  
23 Hayesville NC

27 City & State  
28 Hayesville NC

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State  
23 Hayesville NC

27 City & State  
28 Hayesville NC

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 28904 Country US

29 Zip 28904 Country US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALTMAN, PETER A  
5920 MAIN STREET  
NEW PORT RICHEY FL 34652

81 Name  
Sandy Dobson, CPA

82 Street Address (P.O. Box Number is Not Acceptable)  
18703 Toddhook Road

83

84 City  
Dade City FL

85 Zip Code  
33505

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 Sandy Dobson, CPA 4/30/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELL, LESTER L		1.2 NAME Bell, Lester	
STREET ADDRESS 579 CALDWELL ROAD		1.3 STREET ADDRESS Rt 3 Box 207	
CITY-ST-ZIP BRASSTOWN NC		1.4 CITY-ST-ZIP Hayesville, NC 28904	
TITLE VPS	<input type="checkbox"/> DELETE	2.1 TITLE VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELL, BARBARA A		2.2 NAME Bell, Barbara	
STREET ADDRESS 579 CALDWELL ROAD		2.3 STREET ADDRESS Rt 3 Box 207	
CITY-ST-ZIP BRASSTOWN NC		2.4 CITY-ST-ZIP Hayesville, NC 28904	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 Barbara A. Bell 4-80-97 704/389-3077

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)