

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR 10 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # F93000003178 (1)**

1. Corporation Name  
**BELL CONSTRUCTORS, INC.**

Principal Place of Business Mailing Address  
**1340 LEXINGTON AVENUE 1340 LEXINGTON AVENUE  
ROCHESTER NY 14606 ROCHESTER NY 14606**

3. Date Incorporated or Qualified **07/09/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		2a		03-0285957		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JOSEPH M	1.2 NAME	
STREET ADDRESS	1340 LEXINGTON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14606	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, RICHARD T	2.2 NAME	
STREET ADDRESS	1340 LEXINGTON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14606	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, THOMAS F	3.2 NAME	
STREET ADDRESS	1340 LEXINGTON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14606	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROO, ROBERT F	4.2 NAME	
STREET ADDRESS	1340 LEXINGTON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14606	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, ROBERT E	5.2 NAME	
STREET ADDRESS	1340 LEXINGTON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14606	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, LAWRENCE D	6.2 NAME	
STREET ADDRESS	1340 LEXINGTON AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14606	6.4 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)(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: Robert F. DeRoo VP 04-03-95 (714)-277-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 ROBERT F. DeRoo VICE-PRESIDENT