

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**  
 07-20-1999 90027 019 \*\*\*550.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **F93000003178**

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



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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**07/09/1993**

4. FEI Number **03-0285957** 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 the current year Intangible Personal Property.  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 30 Country

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDCT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, JOSEPH M</b>	1.2 NAME	
STREET ADDRESS	<b>1340 LEXINGTON AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCHESTER NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARDIN, G. WILLIAM</b>	2.2 NAME	
STREET ADDRESS	<b>2203 REDMAN RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROCKPORT NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, THOMAS F</b>	3.2 NAME	
STREET ADDRESS	<b>1340 LEXINGTON AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCHESTER NY 14606</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEROO, ROBERT F</b>	4.2 NAME	
STREET ADDRESS	<b>1340 LEXINGTON AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCHESTER NY 14606</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, ROBERT E</b>	5.2 NAME	
STREET ADDRESS	<b>1340 LEXINGTON AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCHESTER NY 14606</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIMMICK, MICHAEL T</b>	6.2 NAME	
STREET ADDRESS	<b>13104 WEATHERED OAK CT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HERNDON VA</b>	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: *Robert F. DeRoo* Vice President 7-13-99 (716) 277-1000

CR2E034 (5/99)