

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90250 010 ***150.00

DOCUMENT # P96000065386

1. Corporation Name
I A BELL, INC.



Principal Place of Business

**2550 NE 175TH AV
WILLISTON FL 32696
US**

Mailing Address

**2550 NE 175TH AV
WILLISTON FL 32696
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 17470 NE SR 121

2a. Mailing Address

26 17470 NE SR 121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Williston, Florida

City & State

28 Williston Florida

Zip

24 32696 25 Levy

Zip

29 32696 30 Levy

9. Name and Address of Current Registered Agent

**FUGATE, NORM
444 NORTH WEST MAIN STREET, SUITE 1
WILLISTON FL 32696**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-99

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE
NAME **BELL, IDA A**
STREET ADDRESS **2550 NE 175TH AVE**
CITY-ST-ZIP **WILLISTON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PS** ☒ Change ☐ Addition
1.2 NAME **BELL IDA A**
1.3 STREET ADDRESS **17470 NE SR 121**
1.4 CITY-ST-ZIP **WILLISTON FL 32696**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature] **1-25-99**

Date

Daytime Phone #

352-528-0887

CR2E034 (11/98)