

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 03 1996 8:00 am
Secretary of State

DOCUMENT # 810357 (4)
1. Corporation Name
W.R. BONSAI COMPANY



Principal Place of Business Mailing Address
8201 ARROWRIDGE BLVD CHARLOTTE NC 28273

3. Date Incorporated or Qualified **05/13/1955** 3a. Date of Last Report **03/01/1995**
4. FEI Number **56-0146420** 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 has liability for intangible tax under s. 199.032, Florida Statutes 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 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**MCGOVERN JOE
5455 N. 59TH ST.
TAMPA FL 33610**

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 recasting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONSAI, W R, III	12 NAME	
STREET ADDRESS	8201 ARROWRIDGE BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28273	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHER, J.	22 NAME	
STREET ADDRESS	8201 ARROWRIDGE BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28273	24 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, W.	32 NAME	
STREET ADDRESS	8201 ARROWRIDGE BLVD	33 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28273	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELL, STUYVESANT B	42 NAME	
STREET ADDRESS	8201 ARROWRIDGE BLVD	43 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28273	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS JR., JOHN W	52 NAME	
STREET ADDRESS	8201 ARROWRIDGE BLVD	53 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28273	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William H. Robinson* **WILLIAM H. ROBINSON** Date: **7-1-96** Digitized Phone #

CR2E034 (3/96)