SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. **AUDITOR ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9

1998

P95000089200 (6)

BENNETT ENTERPRISES, INC.

APPROVED AND FILED

98 OCT 16 PM 3:59

SECRETARY OF STATE

				<u> </u>	AS (01)0 1010 ASON 0016 AD 16 18 DC
Principal Place of Business Mailing Address				S CONTINUES CONTINUES UNITED BOTTE SENTIL EDITION ON THE	IN THISE TOSEN NUMBER WHILE WAS USEN
18401 MURDOCK CIRCLE PORT CHARLOTTE FL 33948 18401 MURDOCK CIRCLE PORT CHARLOTTE FL 33948					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/21/1995	
2. Principal Place of Business 21 300 ENTERPRISE DR. 2a. Mailing Address 2b. 300 ENTERPRISE DR. 2c. 1300 ENTERPRISE DR. 2c. 2c.			200 - 00	4. FEI Number	Applied For
		26 1300 ENTE	ZPKISE DK	- 65-0677778	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
	Charlotte, FL	28 Pt. Charlott	e, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	ırrent year Intangible
24 339	INU	29 55953 3	<u> </u>	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	
MONNLET, MICHAEL H				ichard J. Rosenba	um
18401 MURDOCK CIRCLE PORT CHARLOTTE FL 33948			82 Street Address (P.O. Box Number is Not Acceptable) 1300 FNTERPRIAR DRIVE, UNIT		
FORT CHARLOTTE PL 33940			83	O GRICA PLAR DRIVE	=, UN (1 <u></u>
84 City				Charlotte FI	85 Zip Code S ≥ G S
11. Pursuani	to the provisions of sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpo	ration submits this statement for the purpose of o	hanging its registered
agent, 1	am familiar with, and accept the obligat	ons of, section 607.0505, Florid	ia Statutes.	on's board of directors. I hereby accept the appo	intment as registered
SIGNATURE Challes Case him				101	13 198
			Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	BENNETT, NELSON M		1.2 NAME		Addition
STREET ADORESS	400-A SIMMONS ROAD	:	1.3 STREET ADDRESS	80000266	72289
CITY-ST-ZIP	TOBYHANNA PA 18466		1.4 CITY-ST-ZIP	-10/1 <u>9/</u> 98_	-01114007
TITLE	D	DELETE	2.1 TITLE	****(50.0	Change Addition
NAME	BENNETT, SUSAN D		2.2 NAME		
STREET ADDRESS	400-A SIMMONS ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TOBYHANNA PA 18466		2.4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME	·	
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		l Inerese	5.1 TITLE		Change Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MENTALVIRED

DELETE

10/13/98

1-941 255-5720

Change Addition