

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 458966 (9)

1. Corporation Name

BONITA PACKING CO., INC.



Principal Place of Business

Mailing Address

INDUSTRIAL ST
PO BOX 309
BONITA SPRINGS FL 33959-2099

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PO BOX 309
BONITA SPRINGS FL 33959-2099

3. Date Incorporated or Qualified 08/01/1974	3a. Date of Last Report 03/28/1995
4. FEI Number 59-1544852	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	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

GRANT, BILLY DON
27000 HICKORY BLVD.
BONITA SPGS FL 33923

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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) (Typed or Printed Name of Registered Agent and Title) (NOTE: Registered Agent signature required when reappointing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD GRANT, BILLY DON 27625 HICKORY BLVD. BONITA SPRINGS FL	1. TITLE	☐ Change ☐ Addition
NAME	VSD	2. NAME	☐ Change ☐ Addition
STREET ADDRESS	HARVEY, FRED 5500 12TH AVE. N. NAPLES FL	3. STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP		4. CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
STREET ADDRESS		7. STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP		8. CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP		12. CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	☐ Change ☐ Addition
STREET ADDRESS		15. STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP		16. CITY-STATE-ZIP	☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Billy Don Grant* Billy Don Grant, Pres. 2/13/96 941-992-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)