SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF S
DIVISION OF CORPOR
95 JUN 20 AM 11

DOCUMENT # **F19249** **(4)**

1. Corporation Name
BONNESS, INC.

Principal Place of Business	Mailing Address
1990 SEWARD AVE P O BOX 9140 NAPLES FL 33942-1810 US	1990 SEWARD AVE P O BOX 9140 NAPLES FL 33942-1810 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1981
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-2055219 ☐ 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

9. Name and Address of Current Registered Agent

BAILIE, KATHLEEN M.
1990 SEWARD AVE
NAPLES FL 33942

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☐ Change ☐ Addition
NAME	KOCSES, EILEEN M	12 NAME		
STREET ADDRESS	5080 8TH AVE. S.W.	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BONNESS, JOS D III	22 NAME		
STREET ADDRESS	6830 SANDALWOOD LN	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BONNESS, PATRICE	32 NAME		
STREET ADDRESS	1555 IXORA DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	KELLY, MARGARET M	42 NAME		
STREET ADDRESS	6831 SANDALWOOD LN	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE	PDC	51 TITLE		☐ Change ☐ Addition
NAME	BAILIE, KATHLEEN M	52 NAME		
STREET ADDRESS	102 SHARWOOD DRIVE	53 STREET ADDRESS		
CITY ST ZIP	NAPLES FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BONNESS, SHARON	62 NAME		
STREET ADDRESS	1555 IXORA DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Kathleen M Bailie 6/12/95 941-597-6221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathleen M. Bailie, Pres.

0108413 CP