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May 06, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F19249

1. Corporation Name
BONNESS, INC.

Principal Place of Business

1990 SEWARD AVE
P O BOX 9140
NAPLES FL 34101
US

Mailing Address

1990 SEWARD AVE
P O BOX 9140
NAPLES FL 34101
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1981

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 owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BAILIE, KATHLEEN M.
1990 SEWARD AVE
NAPLES FL 34109

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **KOCSES, EILEEN M**
STREET ADDRESS **5080 8TH AVE. S.W.**
CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ DELETE
NAME **BONNESS, JOS D III**
STREET ADDRESS **6830 SANDALWOOD LN**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE
NAME **BONNESS, PATRICE**
STREET ADDRESS **1555 IXORA DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **TD** ☐ DELETE
NAME **KELLY, MARGARET M**
STREET ADDRESS **6831 SANDALWOOD LN**
CITY-ST-ZIP **NAPLES FL**

TITLE **PDC** ☐ DELETE
NAME **BAILIE, KATHLEEN M**
STREET ADDRESS **102 SHARWOOD DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE
NAME **BONNESS, SHARON**
STREET ADDRESS **1555 IXORA DRIVE**
CITY-ST-ZIP **NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **BONNESS, JOS D III**
1.3 STREET ADDRESS **6830 SANDALWOOD LN**
1.4 CITY-ST-ZIP **NAPLES FL 34109**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **WAGONER, STEVE D**
2.3 STREET ADDRESS **6236 12th AVE S.W.**
2.4 CITY-ST-ZIP **NAPLES FL 34116**

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **DAVID HURD**
3.3 STREET ADDRESS **2520 S.W. 45TH ST**
3.4 CITY-ST-ZIP **CAPE CORAL FL 33914**

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:

Kathleen M. Bailie 4/30/99 **Kathleen M. Bailie, President (941)597-6221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)