FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F82863

(4)

BONNET DEVELOPMENT CORPORATION

FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							BIRH RIBH BIRH RIBH	31011 (E1)
322 SO ALGA		322 SO ALCANIZ ST						
PO BOX 150		PO BOX 150						
PENSACOLA F	FL 32591-050		PENSACOLA FL 32591-150		DO NOT WRITE IN THIS SPACE			
US		US	us			 Date Incorporated or Qualified 05/20/1982 		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26	==			59-2135142	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	o Fees
— ^{Zìp}	Country	Zip	· —			8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30			Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	IN, H FRANK JR			81	Name			
	: SO ALCANIZ ST NSACOLA, FL				Street Addres	ss (P.O. Box Number is Not Acceptable)		
325								
			Ì	84	City		FL 85 Zip (Code
11 Durament	to the provisions of Sections 607.0	EOG and 607 1509 Florida Statut	on the ak	20040	named corps			o rocistored
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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.		ND DIRECTORS	13.	1 Agei	nt signature required	ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	PD	DELETE	1,1 TITLE			TODITIONO, OF TAXABLE TO OFF TODITIO	Change	Addition
NAME	MCCAUGHAN, MARK R		1,2 NA		Ì			
STREET ADDRESS	3227 GLACIER HWY.		1.3 STREE		ADDRESS			
CITY-ST-ZIP	JUNEAU AK		1.4 CITY-		·			
TITLE	STD	DELETE	2,1 TITLE		1-21		Change	Addition
NAME	WINN, H FRANK JR		2.2 NA				_ •	_
STREET ADDRESS	322 SOUTH ALCANIZ ST		I		ADDRESS			İ
CITY-ST-ZIP	PENSACOLA FL		l l					
TITLE		DELETE	2. 4 CITY - 3.1 TITLE		1-71		Change	Addition
NAME				3.2 NAME				
STREET ADDRESS			a		ADDRESS			
				3.3 STREET ADDRESS 3.4, CITY-ST-ZIP				
CITY-ST-ZIP			4,1 TII		11-217		Change	Addition
NAME			4. 2 NAME		1		og.	
STREET ADDRESS	ŧ			4.3 STREET ADDRESS				1
			4.4 CITY-S					
TITLE		DELETE	S,1 TITLE		1-21		Change	Addition
NAME			5,2 NAME					
STREET ADDRESS			5.3 STREET		ADDRESS			ì
CITY-ST-ZIP					- 1			
TITLE		DELETE	5.4 CITY-S 6.1 TITLE				Change	Addition
NAME			6.1 MALE 6.2 NAME					
- }					ADDRESS			1
STREET ADDRESS								
14. I hereby c	ereby certify that the information supplied with this filling does not qualify for the			ry-si mpt		ection 119.07(3)(i), Florida Statutes I furth	er certify that the	information
indicated	on this annual report or supplement	ntal annual report is true and acc	urate and	i tha	at my signature	shall have the same legal effect as if maded by Chapter 607. Florida Statutes: and	le under oath; tha	ıt!am.an ∣

Block 12 or Block 13 if changed, or on an attachment with an addres

SIGNATURE:

EQUIRED

1/8/98

(850)434-6214