

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000001874 (6)**

1. Corporation Name

BONNIE P. MCCLOSKEY, INC.



Principal Place of Business

**1801 GRAND AVE.
DES MOINES IA 50309**

Mailing Address

**1801 GRAND AVE.
DES MOINES IA 50309**

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

04/27/1995

4. FET Number

42-1335265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUTTON, KERMIT S
801 12TH AVE. SOUTH, SUITE 400
NAPLES FL 33940**

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 ☐ DELETE
NAME **CP**
STREET ADDRESS **MCCLOSKEY, BONNIE P**
CITY-STATE-ZIP **730 E. DURIANT, STE. 202
ASPEN CO 81612**

TITLE ☐ DELETE
NAME **CV**
STREET ADDRESS **MCCLOSKEY, THOMAS D JR.**
CITY-STATE-ZIP **730 E. DURIANT, STE. 202
ASPEN CO 81612**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **MCCOLLUM, GORDON A**
CITY-STATE-ZIP **1801 GRAND AVE.
DES MOINES IA 50309**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **MEEHAN, K. PATRICK**
CITY-STATE-ZIP **12800 UNIVERSITY DR., STE. 500
FT. MYERS FL 33907**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **WISEHART, M. WAYNE**
CITY-STATE-ZIP **12800 UNIVERSITY DR., STE. 500
FT. MYERS FL 33907**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

Gordon A. McCollum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gordon A. McCollum, Vice President

4-19-96

Date

515-242-3776

Daytime Phone #

CR2E034 (12/95)