

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90189 048 \*\*\*150.00

**DOCUMENT # G30406**

1. Corporation Name

**BONNEVIER INSURANCE, INC.**

Principal Place of Business

9 FLORIDA PARK DR.  
PALM COAST FL 32137  
US

Mailing Address

9 FLORIDA PARK DR.  
PO BOX 35179  
PALM COAST FL 32135-729  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/25/1983**

4. FEI Number

**59-2281079**

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

2a. Mailing Address

21 **ONE JOHN ANDERSON DR**

26 **ONE JOHN ANDERSON DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#207**

27 **#207**

City & State

City & State

23 **ORMOND BEACH, FL**

28 **ORMOND BEACH, FL**

Zip

Country

Zip

Country

24 **32176**

25 **USA**

29 **32176**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BONNEVIER, JOAN T.**  
**9 FLORIDA PARK DRIVE**  
**PALM COAST FL 32137**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE

NAME **BONNEVIER, ERNEST C.**

STREET ADDRESS **9 FLORIDA PARK DRIVE**

CITY-ST-ZIP **PALM COAST FL**

TITLE **VS** ☐ DELETE

NAME **BONNEVIER, JOAN T.**

STREET ADDRESS **9 FLORIDA PARK DRIVE**

CITY-ST-ZIP **PALM COAST FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **ONE JOHN ANDERSON DR #207**

1.4 CITY-ST-ZIP **ORMOND BEACH, FL 32176**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **ONE JOHN ANDERSON DR #207**

2.4 CITY-ST-ZIP **ORMOND BEACH, FL 32176**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

**Ernest C. Bonnevier**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**02/03/99 (904) 615-2399**

CR2E034 (11/98)