

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H56918 (6)

1. Corporation Name
JAMES M. BONNELL, INC.



Principal Place of Business: **% JAMES M. BONNELL
7308-18TH AVE. N.W.
BRADENTON FL 34209**

Mailing Address: **% JAMES M. BONNELL
7308-18TH AVE. N.W.
BRADENTON FL 34209**

3. Date Incorporated or Qualified: **05/14/1985**
3a. Date of Last Report: **01/24/1995**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing Trust Fund Contribution		Date of Last Report		This corporation has liability for intangible tax under s 199.032, Florida Statutes	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2534664		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		01/24/1995		<input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State		City & State		Applied For		Not Applicable							
Zip		Country		Zip		Country							

9. Name and Address of Current Registered Agent

**BONNELL, JAMES M.
7308-18TH AVE., N.W.
BRADENTON FL 34209**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
STREET ADDRESS	STREET ADDRESS	3.1 TITLE	3.2 NAME
CITY - ST - ZIP	CITY - ST - ZIP	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	STREET ADDRESS	6.1 TITLE	6.2 NAME
CITY - ST - ZIP	CITY - ST - ZIP	6.3 STREET ADDRESS	6.4 CITY - ST - 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 am duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *James M. Bonnell* **JAMES M. BONNELL Pres. 2-6-96 (94) 792-5892**

CR2E034 (12/95)