

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 # J36915 (3)

1. Corporation Name
BOUNTIFUL, INC.



Principal Place of Business

13704 N CLEVELAND AVE.
N.FORT MYERS FL 33903

Mailing Address

13704 N CLEVELAND AVE.
N.FORT MYERS FL 33903

3. Date Incorporated or Qualified
10/08/1986

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

21 Subway
Suite, Apt. #, etc.

2a. Mailing Address

26 17050 Laurelin Ct
Suite, Apt. #, etc.

4. FEI Number
59-2742231

Applied For
Not Applicable

22 13704 N. Cleveland Ave
City & State

27

28 N. Ft. Myers, FL
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 N. Ft. Myers, FL
Zip

25 Lee
Country

29 33917
Zip

30 Lee
Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDA BLIGH
17050 LAURELIN CT NE
N. FT. MYERS FL 33917

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

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

3-28-96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME BLIGH, DOUGLAS L.
STREET ADDRESS 17050 LAURELIN CT NE
CITY-ST-ZIP NORTH FORT MYERS FL

☐ DELETE

TITLE VPS
NAME BLIGH, LINDA K.
STREET ADDRESS 17050 LAURELIN CT NE
CITY-ST-ZIP NORTH FORT MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director

Jillian M. Bligh

17050 Laurelin Ct

N. Ft. Myers, FL 33917

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Signature typed or printed name of signing officer or director
Linda Bligh

3/28/96
Date

(941)
731-9255
Daytime Phone

CR2E034 (12/95)