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

Mar 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8) L06279 HOUSE PLANS BY BONNIE, INC. Principal Place of Business Mailing Address % BONNIE MAE STEWART 1532 KINGSLEY. SUITE #115 % BONNE MAE STEWART 1532 KINGSLEY, SUITE #115 DO NOT WRITE IN THIS SPACE **ORANGE PARK FL 32073-1563** ORANGE PARK FL 32073-1563 3. Date Incorporated or Qualified 07/31/1989 4. FEI Number 2, Principal Place of Business 2a. Mailing Address Applied For 449 Kingsley Avenue 449 Kingsley Avenue Not Applicable 59-2960551 Suite Apt. #, etc Suite, Apt. #, etc \$8.75 Additional Ø 5. Certificate of Status Desired Suite E Suite E Fee Required City & State Orange Park, FL \$5.00 May Be 8. Election Campaign Financing Orange Park, FL Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 32013 32073 USA 29 USA Yes Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 STEWART, BONNIE MAE 1532 KINGSLEY AVE., SUITE #116 449 Kingsky Avenue; ORANGE PARK FL 32073 Street Address (P.O. Box Number is Not Acceptable) 82 KINGSLEY AVENSE **ORANGE PARK FL 32073** 83 Zip Code 32013 84 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. (NCITE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 11 TITLE Addition STEWART, BONNIE MAE NAME 1532 KINGSLEY AVE. #115 449 Kingsky Ave. 449 Kingscey AUE, SOITEE ORANGE PARK, FL 32073 STREET ADDRESS 1.3 STREET ADDRESS ORANGE PARK FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELFTE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 THE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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.

SIGNATURE: Bonnie A- Cture

**FILED** 

904-264-1263