

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**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90061 022 \*\*\*150.00

DOCUMENT # **L06279**

Corporation Name  
**HOUSE PLANS BY BONNIE, INC.**

Place of Business  
KINGSEY AVE  
ORANGE PARK FL 32073

Mailing Address  
449 KINGSEY AVE  
STE E  
ORANGE PARK FL 32073  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/31/1989**

4. FEI Number  
**59-2960551**

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

Place of Business  
Apt. #, etc.  
& State

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28

Country Zip Country  
25 29 30

9. Name and Address of Current Registered Agent

STEWART, BONNIE MAE  
449 KINGSLEY AVE  
STE E  
ORANGE PARK FL 32073

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

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

*Bonnie M. Stewart* **BONNIE MAE STEWART** **RESIDENT 2-4-99**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

SP ☐ DELETE  
STEWART, BONNIE MAE  
449 KINGSEY AVE, STE E  
ORANGE PARK FL 32073

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bonnie M. Stewart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-4-99** **904264-1262**  
Date Daytime Phone #

CR2E034 (1/98)