

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 90029 034 ***150.00

0584782

DOCUMENT # L64727

1. Corporation Name

STACEY L. BONNER, D.V.M., P.A.

Principal Place of Business

**C/O STACEY L. BONNER
10111 SE HIGHWAY 441
BELLEVUE FL 32020**

Mailing Address

**C/O STACEY L. BONNER
10111 SE HIGHWAY 441
BELLEVUE FL 32020**

34420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1990

4. FEI Number

59-3009914

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

21 C/O Stacey L. Bonner DVM, PA

Suite, Apt. #, etc.

22 10111 SE Highway 441

City & State

23 Bellevue, Fla

Zip

24 34420

Country

25 Marion

2a. Mailing Address

26 C/O Stacey L. Bonner DVM, PA

Suite, Apt. #, etc.

27 10111 SE Highway 441

City & State

28 Bellevue, Fla.

Zip

29 34420

Country

30 Marion

9. Name and Address of Current Registered Agent

**BONNER, STACEY L.
10111 S.W. HIGHWAY 441
BELLEVUE FL 32020 34420**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**
NAME **BONNER, STACEY L.**
STREET ADDRESS **10455 S.W. 71ST CT**
CITY-ST-ZIP **OCALA FL**

TITLE **P**
NAME **BONNER, STACEY L.**
STREET ADDRESS **10455 SW 71ST CT.**
CITY-ST-ZIP **OCALA FL**

TITLE **TS**
NAME **BONNER, STACEY**
STREET ADDRESS **10455 SW 71ST CT.**
CITY-ST-ZIP **OCALA 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-99

Date

352-245-2273

Daytime Phone #

CR2E034 (11/98)