FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8) **DOCUMENT #** 1. Corporation Name BORDNER REAL ESTATE, INC. Principal Place of Business Mailing Address 4949 TAMIAMU TRAIL NORTH. #103 4949 TARHAMI TRAIL NORTH. #103 NAPLES FL 53940 NAPLES FL 38940 Date Incorporated or Qualified 08/06/1990 3a. Date of Last Report 04/25/1995 4. FEI Number Applied For Bonita Beach 8 26 4836 65-0213975 Not Applicable 21 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Yes No Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agen 81 Name Street Address (P.O. Box Number is Not Acceptable) BORDNER, DONALD B. -4949 TAMIAMI TRAIL NORTH: #103 NAPLES Ft 33940~ ration submits this stutement for the purpose of changing its registered office rd of directors. I hereby accept the appointment as registered agent. I am Florida Statutes, the above-named co was authorized by the corporation or registered age familiar with, and NOTE: Registered Agent signature required CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition □ DELETE 1. 1 TITLE TITLE BORDNER, DONALD B 1.2 NAME NAME 4949 TAMIAMI TRAIL N 103 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY - \$1 - ZIP CULY - ST - ZIE Change Addition 2. 1 TITLE new modress " sis: +n Black TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3 1 TITLE $\text{Hil}\, E$ 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change [Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP City-ST-ZIP Change Addition ☐ DELETE 6 1 TITLE TITLE 62 NAME NAME

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

STREET ADDRESS

appears in Block 12 or Block

SIGNATURE:

CITY-\$1-ZIP