

File on or before [blank] or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
FEB 10 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 588.75 Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000001392**

Bonifay Holdings, LLC

1a. Principal Place of Business Address

Bank of Bonifay
224 N. Waukesha Street
Bonifay, FL 32425

2. Principal Place of Business

224 N. Waukesha St. P.O. Box 65

2a. Mailing Address

Suite, Apt. #, etc.

3. Date Organized or Qualified

11-30-98

3a. State of Formation

Florida

Suite, Apt. #, etc.

City & State

Bonifay, FL

City & State

Bonifay, FL

4. FEI Number

59-3547705

☒ Applied For

☐ Not Applicable

Zip 32425

Country USA

Zip 32425

Country USA

5. Date of Last Report

N/A

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Wilkinson, Cathi C.
215 N. Monroe Street, Suite 200
Tallahassee, FL 32301

8. Name and Address of New Registered Agent/Office

Name

Cathi C. Wilkinson

Street Address (P.O. Box Number is Not Acceptable)

215 So. Monroe St.

Suite, Apt. #, etc.

2nd Floor

City

Tallahassee

Zip Code

FL 32301

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

Cathi C. Wilkinson
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

DATE

2-8-99

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

Glen D. George
Vickery G. George
Rhonda G. Hayes
Sandra G. Bell

224 N. Waukesha Street
224 N. Waukesha Street
224 N. Waukesha Street
224 N. Waukesha Street

Bonifay, FL 32425
Bonifay, FL 32425
Bonifay, FL 32425
Bonifay, FL 32425

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-02/11/99-01065-0005
****188.75 ****188.75

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Glen D. George, X

Glen D. George

1-5-99

850-547-3624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Telephone