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FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90039 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M82218

1. Corporation Name
BONITA FLORIST, INC.

Principal Place of Business

3600 BONITA BCH RD
BONITA SPRINGS FL 33923
US

Mailing Address

3600 BONITA BCH RD
BONITA SPRINGS FL 33923
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1988

4. FEI Number

65-0058590

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D
ROCHELLE, MARLA
STREET ADDRESS
3600 BONITA BCH RD
CITY-ST-ZIP
BONITA SPRINGS FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
ROCHELLE, LARRY
STREET ADDRESS
3600 BONITA BCH RD
CITY-ST-ZIP
BONITA SPRINGS FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
ROCHELLE, LARRY
STREET ADDRESS
3600 BONITA BCH RD
CITY-ST-ZIP
BONITA SPRINGS FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
ROCHELLE, LARRY
STREET ADDRESS
3600 BONITA BCH RD
CITY-ST-ZIP
BONITA SPRINGS FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
ROCHELLE, LARRY
STREET ADDRESS
3600 BONITA BCH RD
CITY-ST-ZIP
BONITA SPRINGS FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
ROCHELLE, LARRY
STREET ADDRESS
3600 BONITA BCH RD
CITY-ST-ZIP
BONITA SPRINGS FL

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:

Marla Rochelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

941-982-2229

Date

Daytime Phone #

CR2E034 (11/98)