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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M92692** **(6)**

1. Corporation Name

BONTEL FASTENER CORP.

Principal Place of Business	Mailing Address
6891 N 102 AVE PINELLAS PARK FL 34666 US	~~C/O JAN J. PIPER~~ ~~669 FIRST AVE. P. O. BOX 25~~ ~~ST. PETERSBURG FL 00791~~ ~~US~~ 6891-102 AV NO. PINELLAS PARK, FL 34666 US

3. Date Incorporated or Qualified: **08/04/1988**

3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 6891 - 102ND AVENUE NO.
Suite, Apt. #, etc.
27:
City & State
28: PINELLAS PARK, FL
Zip 29: 34666 Country 30: U.S.

4. FEI Number: **59-2920586** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PIPER, JAN J.
669 FIRST AVENUE N
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: LEWIS, BONNIE S.
82 Street Address (P.O. Box Number is Not Acceptable): 6340 - 90TH AVENUE NO.
83:
84 City: PINELLAS PARK **FL** 85 Zip Code: 34666

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: BONNIE S. LEWIS Bonnie S. Lewis 6/14/96
Signature, type or print name of registered agent, if applicable — (Title, Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	LEWIS, TERRY E.		1.2 NAME	LEWIS, TERRY E.	
STREET ADDRESS	8410 MEADOWBROOK DR		1.3 STREET ADDRESS	6340 - 90TH AVENUE NO.	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	PINELLAS PARK, FL 34666	
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change	☐ Addition
NAME	LEWIS, BONNIE S.		2.2 NAME	LEWIS, BONNIE S.	
STREET ADDRESS	8410 MEADOWBROOK DR		2.3 STREET ADDRESS	6340 - 90TH AVENUE NO.	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	PINELLAS PARK, FL 34666	
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	06-28-96 8R	
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME	400001879244	
STREET ADDRESS			6.3 STREET ADDRESS	-06/28/96--01040--028	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***675.00	

CR2E034 (12/95)

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)(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.

SIGNATURE: Bonnie S. Lewis BONNIE S. LEWIS 6/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #