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FILED

Feb 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000073991 (0)

1. Corporation Name

BONAR CONSTRUCTION COMPANY

Principal Place of Business

P O BOX 60009  
JACKSONVILLE FL 32236

Mailing Address

P O BOX 60009  
JACKSONVILLE FL 32236-0009

3. Date Incorporated or Qualified

10/19/1993

3a. Date of Last Report

02/22/1996

2. Principal Place of Business

21 565 S. EDGEWOOD AVE.

State, Apt. #, etc.

22 City & State

23 JACKSONVILLE, FL 32205

Zip

24 32205

Country

25 USA

2a. Mailing Address

26 565 S. EDGEWOOD AVE.

State, Apt. #, etc.

27 City & State

28 JACKSONVILLE, FL.

Zip

29 32205

Country

30 USA

4. FEI Number

59-3233689

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

BROWN, ELAINE  
4595 LEXINGTON AVE  
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name

BARBARA BONAR

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

565 S. EDGEWOOD AVE

83

84 City

JACKSONVILLE

FL

85 Zip Code

32205

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

Barbara L. Bonar

Barbara L. Bonar

2/15/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P  
BONAR, HENRY B. II  
STREET ADDRESS 565 SOUTH EDGEWOOD AVENUE  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. 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 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:

Barbara L. Bonar

Barbara L. Bonar 2/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

904-289-6700

CR2E034 (9/96)