FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							FILED				
	ROFIT		FLORIDA DEPARTMENT OF STATE				Mar 12 1998 8:00am				
CORPORATION ANNUAL REPORT 1998			Sandra B. N Secretary o DIVISION OF COF				Secretary of State				
	MENT # P	9300007	3991 (())							
BONAR	CONSTRUCTION	I COMPANY					i nadirikeri iki nanar) 		I IIII IIIIIIIIIIIII	
rincipal Place	of Business	Mai	iling Address					UNIX Or iforda			
565 S. EDGEW JACKSONVILLE US		JA	565 S. EDGEWOOD AVE. JACKSONVILLE FL 32205 US				O NOT WRIT		SPACE		
							 Date Incorporate 10/19/1993 	d or Qualified			
, Principal Pla	ace of Business	2a. 26	Mailing Address				4. FEI Number 59-323368	 >		- 	pplied For lot Applicab
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				5. Certificate of Stat			\$8.75	Additional legulred
City & State		27	City & State				 Election Campaig Trust Fund Contri 			\$5.00	May Be
Zıp]	Countr 25	and the second state of the second	Zip	Co 30	untry		B. This corporation Personal Property	owes or has p	aid the cur	rent year Ir	
	* ·····	ess of Current Regist	ered Agent		81	Name	10. Name and Addr	ess of New F	egistered	Agent	
	WAR, BARBARA EDGEWOOD AVE.				82		dress (P.O. Box Number i	Not Accent	ahle)		
í JAC	KSONVILLE FL 3220	05			83						
					\Box		·······				
` ¶					84	City			FL		Code
agent I an	n familiar with, and acc	opt the obligations of,	Section 607.0505	, Florida Sta	lutes		rporation submits this stat ation's board of directors.	I hereby acc		cintment a	s registered
2.	Stgnature, typed or pnnitod name	C Of Registered agout and the it	· · · · · · · · · · · · · · · · · · ·	(NOTE: Hingister) 13.	d Age	ni signature req	uired when reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	DIRECTO	RS IN 12
ILE	P	. Procie	DELF TE	1.11			ROBERT G.	BONA	R	Change	
AME IREET ADDRESS	BONAR, HENRY E 565 SOUTH EDG		<i>i</i> cnt			ADDRESS	ROBERT G. 565 South	EDGG	DOUL	AVE	Vice
TY+S1-ZIP	JACKSONVILLE F		204		ITY-S		JACKSONVILL	E, FL	325	05	Preside
TLE			DELETE	2.11			· · · · · · · · · · · · · · · · · · ·			Change	Additio
ME				221							
REET ADDRESS						ADDRESS					
n'-ST-ZIP ILE	·····		DELETE	3.11	CITY-S	1-219	·····		····-	Change	Additio
IME			_	3.21							
REET ADDRESS				3.3 \$	TREET	ADDRESS					
TY-ST-ZIP		.		3.4.	CITY-S	T-ZIP				-	
rle			L DELETE	4.1]						L_ Change	Additio
UME					IAME						
REET ADORESS TY-S1-ZIP					ITY-SI	ADDRESS					
LE			DELE 1E	5.17		-+				Change	Additio
ME				52 M	AME	1					
REET ADDRESS				535	TREET	ADDRESS					
IY-ST-ZIP					11Y - S1	- ZIP		·			-
ILE			DELETE	6.1 T						Change	🛄 Additio
				6.2 N		ADDRESS					
TREET ADDRESS					TREET /	ADDRESS					
	artify that the informatio	n supplied with this fil	ing does riet quali	fy for the ex	empt	ion stated i	n Section 119.07(3)(i), Flo	rida Statutes.	l further ce	rtify that th	e information
indicated c	on this annual report or	Supplemental annual	report is true and	accurate an	ia ina	it my siana	ure shall have the same le quired by Chapter 607, Fl	gareneuras	n maue un	uer oam: n	SALIBUUI AU

÷