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Mar 11, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000031238

1. Corporation Name  
BONNIE M. HEATH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
~~11800 N.W. 10TH PL~~ 17784  
~~OCALA FL 34482~~ S.W. 36 LOOP  
DUNNELLON FL 34432

Mailing Address  
17784 S.W.  
~~11800 N.W. 10TH PL~~ 36 LOOP  
~~OCALA FL 34482~~  
DUNNELLON FL  
34432

3. Date Incorporated or Qualified  
04/22/1994

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

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number  
59-3239502

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

9. Name and Address of Current Registered Agent  
HEATH, BONNIE M 17784 S.W. 36 LOOP  
~~11800 N.W. 10TH PL~~ DUNNELLON FL  
~~OCALA FL 34482~~ 34432

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PVST  DELETE  
NAME HEATH, BONNIE M 17784 S.W. 36 LOOP  
STREET ADDRESS ~~11800 N.W. 10TH PL~~ DUNNELLON FL 34432  
CITY-ST-ZIP ~~OCALA FL 34482~~

TITLE D  DELETE  
NAME HEATH, BONNIE M 17784 S.W. 36 LOOP  
STREET ADDRESS ~~11800 N.W. 10TH PL~~ DUNNELLON FL  
CITY-ST-ZIP ~~OCALA FL 34482~~ 34432

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE HEAT800 344824328 1B98 26 01/05/99  
NAME NOTIFY SENDER OF NEW ADDRESS  
STREET ADDRESS HEATH BONNIE M INC  
CITY-ST-ZIP 17784 SW 36TH LOOP  
DUNNELLON FL 34432-1870

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
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: Bonnie M. Heath  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-237-6100

CR2E034 (1/98)