

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90062 025 ***150.00

DOCUMENT # P94000031238

1. Corporation Name

BONNIE M. HEATH, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1994

4. FEI Number

59-3239502

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 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

Date

Daytime Phone #

352-237-6100

CR2E034 (1/98)