

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90183 005 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P94000034909**

1. Corporation Name

**BONIFACE-THOMAS CORPORATION**

Principal Place of Business

73 SW FLAGLER AVENUE  
 STUART FL 34994

Mailing Address

73 SW FLAGLER AVENUE  
 STUART FL 34994

6440 SE Winged Ft Dr.

6440 SE Winged Ft Dr.

Stuart FL 34992

Stuart FL 34992

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6440 SE WINGED FT DR

22 City & State

27 City &amp; State

23 Zip

Country

24

25

28 STUART FL

29 Zip

30 34997

Country

9. Name and Address of Current Registered Agent

WAXLER, CAROL S  
 73 SW FLAGLER AVENUE  
 STUART FL 34994

3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

65-0527651

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 owes the current year Intangible, Personal Property Tax.

☒ Yes ☐ No

DO NOT WRITE IN THIS SPACE

10. Name and Address of New Registered Agent

81 Name

B.R. BONIFACE

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

6440 S.E. WINGED FT DR

83

84 City

STUART

FL

85 Zip Code

34997

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 of President, sole registered agent and owner (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5-9-98

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	WAXLER, CAROL S	
STREET ADDRESS	73 SW FLAGLER AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	B.R. Bonifaces	
1.3 STREET ADDRESS	6440 SE Winged Foot Dr.	
1.4 CITY-ST-ZIP	Stuart, FL 34992	
2.1 TITLE	Y.D.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Thomas	
2.3 STREET ADDRESS	6418 SE Congressional Lane	
2.4 CITY-ST-ZIP	Stuart, FL 34992	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-99 361 2218466

CR2E034 (11/98)