FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000043665 (6) **DOCUMENT #** 1. Corporation Name

BENNETT PROPERTIES, INC.

| Principal Place of Business Mailing Address | | | | | | - | 8811) 98111 818 9 1 | 4 anna anto | 1 AIIE1 EIN 1831 | |
|---|---|------------------------------|----------------|--------------------------------|--|---|---|--------------------------|------------------------------------|--|
| 2929 - 16TH STREET N. 2929 - 16TH STREET N. ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 | | | | | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 06/10/1994 | 3a. Date o | of Last Re /01/199 | | |
| Principal Place of Business | | 2a. Mailing Address | | | | 4. FEI Number | *************************************** | | Applied For | |
| 1 | | 26 | | | | 59-3255178 Not Applie | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| City & State | | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution 55.00 May Be | | | | |
| Zip Country | | Zip Country | | ntry | | 8. This corporation has liability for | | | | |
| 4 | 25 | 29 | 30 | | | Florida Statutes X Yes ☐ No | | | | |
| | g. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New P | egistered A | gent | | |
| | | | | 81 N | ame | | | | | |
| | JAMES A | | | 82 Si | treat Addre | ess (P.O. Box Number is Not Acceptab | olo) | | | |
| | h &treet n. Ersburg fl 33701 | | | 83 | | | | | | |
| | | | | 84 C | · · · · · · · · · · · · · · · · · · · | | | 06 7 | o Codo | |
| | • | | | 84 C | ny | | FL | 85 Z | p Code | |
| or register | to the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti | da. Such change was authoriz | red by the o | ve-nam corporat | ed corpora ion's board | ation submits this statement for the pui d of directors. I hereby accept the app | pose of char ointment as r | iging its r egistered | registered office I agent. I am | |
| SIGNATURE _ | | | | | | | | | | |
| | Signature typed or printed name of registered agent OFFICERS ANI | | | Agent sign | hature required | when reinstating) ADDITIONS/CHANGES TO OFF | DATE IOCDO AND I | DIDECTA | | |
| 12. | D OFFICERS AND | DELETE | 13. | ITLE | | ADDITIONS/CHANGES TO OFF | |] Change | Addition | |
| NAME | VOLINO TOTAL D | | | 1.2 NAME 1.3 STREET ADDRESS | | | _ | | | |
| STREET ADDRESS | 2929 - 16TH STREET N. | | | | | | | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33704 | | 1.4 C | | | | | | | |
| TITLE | D | [] DELETE | 2 1 T | | | | |] Change | ☐ Addition | |
| NAME | YOUNG, WANDA | | 2.2 N | AME | | | | | | |
| STREET ADDRESS | ACCO ACTURITORET N | | 2 3 S | 2 3 STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | ST. PETERSBURG FL 33704 | | | TY-\$1-Z | ρ | | | | | |
| TITLE | | ☐ DELETE | 3 1 1 | ITLE | | | | Change | Addition | |
| NAME | | | 32 N | AME | | | | | | |
| STREET ADDRESS | | | 3.3. S | TREET ADO | DRESS | | | | | |
| CHY-ST-ZIP | | | | ITY - \$T - ZI | Р | | ···· | | | |
| TITLE | | DELETE | 4.11 | | | GOOOO175 -04/25/96010 | 3226 | Change | ☐ Addition | |
| NAME | | | 4.2 N | AME | | -04/25/96010 | າກິ່ງກໍວັ |) [] } | - | |
| STREET ADDRESS | | | 1 | TREET ADO | | ***200.00 | ,,,,, | • | | |
| CITY-ST-ZIP | | ET DELETE | | 17 - ST - ZI | P | | | 1 Change | ☐ Addition | |
| TITLE | | ☐ DELETE | 5 1 T | | | | L. |] Change | ☐ Mandion | |
| NAME | | | 5.2 N | | Dr.Co. | | | | | |
| STREET ADDRESS | | | | TREET ADD | | | | | | |
| CITY-ST-ZIP | | DELETE | | ITY - ST - ZI | <u>r</u> | | | 1 Change | Addition | |
| TITLE | | C) pereic | 6.1 T | | | | ٠ . | <u>ٔ</u> ۲٫۰۲۳ | 100 | |
| NAME | | | 6.2 N | | DECC. | | 11/ | $\Psi_{\mathcal{K}}$ | " d." | |
| STREET ADDRESS | | | | TREET ADD | | | 4 | 01 | 110 | |
| THEY CL. NO | | | ■ 6.411 | 11 7 - NI - A | r i | | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath; 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: John B. Jour Tohn B. Your Signature My Type Gyprinted NAME OF SIGNING OFFICER OR DIRECTOR

528-7375

CR2E034 (12/95)