Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90084 016 ***150.00

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

DOCUMENT # P94000069649

1. Corporation Name

BONTBAGER RUILDERS GROUP INC

DOMINA		.					
Principal Place	of Business	Mailing Address		U 10011001 III 40111 OLDIF BUST OUTIL DOLL DOLL	I Bills (Bils Bill Bill	10 1011 1001	
		3150 SPANISH TRAIL					
3150 SPANISH TRAIL SUITE A SUITE A SUITE A							
PENSACOLA FL 32504 PENSACOLA FL 32504			DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qualifed			
				09/19/1994			
2. Principal Pl	lace of Business	2a. Mailing Address	*-	4. FEI Number	<u> </u>	ed For	
21 459	9 SORVICH TEAL	26 4599 SOAN	ISH TRAIL	59-3265553		Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Add	,	,
<u>ک</u> م (22	SUITE A	27 SHITE F.	/	3. 3 3 3 3 3 3 3 3 3 3	Fee Requ		
City & State	9	City & State		6. Election Campaign Financing	\$5.00 M	- 1	į
23 PEN	BACOLA, FL	28 YENSACO	MITC	Trust Fund Contribution	Added to F	Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Ir		, l	
يَرُثُ 24	2504 25 EGCAMBIA	- 29 32304 30	ESCANDI	Personal Property Tax.]No	ı
	9. Name and Address of Current	Registered Agent	Od Nome	10. Name and Address of New Registered	Agent		ı
BON	TOACED DOCED A		81 Name				
	TRAGER, ROGER A		82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
700 N. FAIRFIELD DRIVE							,
PEN	SACOLA FL 32506		83			i	ı
			84 City	FI	85 Zip Co	de	
	207.070	LOOT 4500 Et ald Chabden	the above named some	oration submits this statement for the purpose of	f changing its re	gistered	1
office or r	to the provisions of Sections 607.050. egistered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was auth	orized by the corporation	on's board of directors. I hereby accept the appo	pintment as regis	stered	
SIGNATURE							ļ
DIGITATIONE	Signature, typed or printed name of registered agen		gistered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 12	é
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition	7
TITLE	PD	☐ DELETE	1.1 TITLE		Otherige		. 3
NAME	BONTRAGER, ROGER A		1.2 NAME				8
STREET ADDRESS	700 N. FAIRFIELD DRIVE		1.3 STREET ADDRESS				الله ا
CITY-ST-ZIP	PENSACOLA FL 32506		1.4 CITY-ST-ZIP			[] Addition	٥
TITLE	STD	☐ DELETE	2.1 TITLE		Change	☐ Addition [ĺ
NAME	BONTRAGER, RENEE M		2.2 NAME	_			l
STREET ADORESS	700 N. FAIRFIELD DRIVE		2.3 STREET ADDRESS	·			l
CITY-ST-ZIP	PENSACOLA FL 32506		2. 4 CITY-ST-ZIP		F104		ł
TITLE -		DELETE	3.1.TITLE		Change	Addition	=
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS			'n	ĺ
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>			١
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition	
NAME			4.2 NAME				Ì
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				l
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	ĺ
NAME			5.2 NAME				l
STREET ADDRESS			5.3 STREET ADDRESS				l
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP				i
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition	ļ

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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #