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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081127 (0)**

1. Corporation Name

**BONITA LAND RESOURCES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6040 24TH AVE NW<br>NAPLES FL 33999 | 6040 24TH AVE NW<br>NAPLES FL 33999 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4500 Executive Drive | 26 4500 Executive Drive |
| Suite, Apt. #, etc.<br>22 300 | Suite, Apt. #, etc.<br>27 300 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: 65-055 7937 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| BRUGGER, JOHN N<br>600 FIFTH AVE S<br>SUITE 210<br>NAPLES FL 33940 | 81 Name: Robert W. Johnson, Jr.<br>82 Street Address (P.O. Box Number is Not Acceptable): 4500 Executive Drive<br>83: Suite 300<br>84 City: Naples, FL. 85 Zip Code: 33999 |

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: _____ 4-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DPVT | 11 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | HARDY, ROBERT P | 12 NAME | Robert S. Hardy | |
| STREET ADDRESS | 6040 24TH AVE NW | 13 STREET ADDRESS | 4500 Executive Drive Suite 300 | |
| CITY-ST-ZIP | NAPLES FL 33999 | 14 CITY-ST-ZIP | Naples, FL. 33999 | |
| TITLE | S | 21 TITLE | Vice President | ☒ Change ☐ Addition |
| NAME | HARDY, ROBERT P | 22 NAME | Pat Papineau | |
| STREET ADDRESS | 6040 24TH AVE NW | 23 STREET ADDRESS | 4500 Executive Drive Suite 300 | |
| CITY-ST-ZIP | NAPLES FL 33999 | 24 CITY-ST-ZIP | Naples, FL. 33999 | |
| TITLE | | 31 TITLE | Treasurer | ☐ Change ☒ Addition |
| NAME | | 32 NAME | Robert W. Johnson, Jr. | |
| STREET ADDRESS | | 33 STREET ADDRESS | 4500 Executive Drive Suite 300 | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | Naples, FL 33999 | |
| TITLE | | 41 TITLE | Secretary | ☐ Change ☒ Addition |
| NAME | | 42 NAME | Shannon Nowell | |
| STREET ADDRESS | | 43 STREET ADDRESS | 4500 Executive Drive Suite 300 | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | Naples, FL. 33999 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

$6.129

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)(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.

**SIGNATURE:** _____ Robert W. Johnson, Jr. 4-6-95 813-372-9109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0332000 CP