

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000081127 (0)

1. Corporation Name

BONITA LAND RESOURCES, INC.



Principal Place of Business

4500 EXECUTIVE DR
SUITE 300
NAPLES FL 33999
US

Mailing Address

4500 EXECUTIVE DR
SUITE 300
NAPLES FL 33999
US

3. Date Incorporated or Qualified

11/04/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-0557937

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 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

JOHNSON, ROBERT W JR
4500 EXECUTIVE DR
SUITE 300
NAPLES FL 33999

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME HARDY, ROBERT S
STREET ADDRESS 4500 EXECUTIVE DRIVE SUITE 300
CITY-ST-ZIP NAPLES FL 33999

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

VP
NAME PAPINEAU, PAT
STREET ADDRESS 4500 EXECUTIVE DR STE 300
CITY-ST-ZIP NAPLES FL 33999

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

T
NAME JOHNSON, ROBERT W JR
STREET ADDRESS 4500 EXECUTIVE DR STE 300
CITY-ST-ZIP NAPLES FL 33999

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

S
NAME HOWELL, SHANNON
STREET ADDRESS 4500 EXECUTIVE DR STE 300
CITY-ST-ZIP NAPLES FL 33999

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1-16-96

DAYTIME PHONE #

941-572-7061

CR2E034 (12/95)