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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000081127 (0)**

1. Corporation Name
BONITA LAND RESOURCES, INC.

Principal Place of Business	Mailing Address
4500 EXECUTIVE DR SUITE 300 NAPLES FL 33999 US	4500 EXECUTIVE DR SUITE 300 NAPLES FL 34119-6808 US

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business
21 1165 CLAM CT.
Suite, Apt. #, etc.
22 #13
City & State
23 NAPLES, FLORIDA
Zip 24 34102 Country 25 COLLIER

2a. Mailing Address
26 1165 CLAM CT.
Suite, Apt. #, etc.
27 #13
City & State
28 NAPLES, FLORIDA
Zip 29 34102 Country 30 COLLIER

4. FEI Number: 65-0557937 ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: A. M. PAPINEAU
82 Street Address (P.O. Box Number is Not Acceptable): 1165 CLAM CT - #13
83
84 City: NAPLES FL 85 Zip Code: 34102

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: A.M. Papineau A.M. PAPINEAU 4-15-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARDY, ROBERT S 4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 33999	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP HARDY, ROBERT S 4500 EXECUTIVE DR. Suite 300 NAPLES FL 33999	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PAPINEAU, PAT 4500 EXECUTIVE DR STE 300 NAPLES FL 33999	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DST PAPINEAU, A. M. 1165 CLAM CT-#13 NAPLES, FL 34102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, ROBERT W JR 4500 EXECUTIVE DR STE 300 NAPELS FL 33999	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DV PAPINEAU T.L. 212 BENSON ST NAPLES FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOWELL, SHANNON 4500 EXECUTIVE DR STE 300 NAPLE S 33999	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: A.M. Papineau A.M. PAPINEAU 3-15-97 941-775-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #