

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000086653**

1. Corporation Name

BOUGAINVILLE GROWERS, INC.

Principal Place of Business

**9157 87TH PL S
BOYNTON BEACH FL**

Mailing Address

**1101 THOMAS ST
DELRAY BEACH FL 33483**

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90019 011 ***150.00

07-14-1999 90019 012 *****8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

65-0548810

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 owes the current year
Intangible Personal Property.



Yes ☒ No

9. Name and Address of Current Registered Agent

**BALLERANO, JAMES A JR.
1201 GEORGE BUSH BLVD
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

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

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JOLLEY, WESLEY | |
| STREET ADDRESS | 911-A NE 8 AVE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SCANNELL, THOMAS F III | |
| STREET ADDRESS | 1101 THOMAS ST | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JOLLEY, WESLEY | |
| 1.3 STREET ADDRESS | 911A NE 8TH PLACE SOUTH | |
| 1.4 CITY-ST-ZIP | BOYNTON, BEACH, FL 33483 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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, or on an attachment with an address.

SIGNATURE: **THOMAS F. SCANNELL PRES.** 6-30-99 (561) 278-1368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

0062753

P94000086653
588376-90019-6

6-30-99

"ATTACHED LETTER"

DEAR FL DEPT. STATE:

I, THOMAS SUMNELL AM PART OF
TWO S-CORPS. IN FLORIDA. I ONLY RECEIVED
A "2ND NOTICE" ON ONE CORP., AND THAT WAS
YESTERDAY. I HAVE MOVED IN THE PAST
YEAR, AND THE MAILING ADDRESS HAS
CHANGED. I SPOKE WITH A REPRESENTATIVE
FROM YOUR OFFICE, AND HE SAID TO WAIVE THE
LATE FEE AND INCLUDE AN ATTACHED LETTER
STATING THE REPORT WAS NEVER RECEIVED.
THE REPORT WAS NEVER RECEIVED

ENCLOSED IS THE '99 REPORT WITH THE
CORRECTED ADDRESS - AND \$150 PER YOUR
OFFICE INSTRUCTIONS.

THANK YOU.

 P. W.