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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020871

1. Corporation Name

BONNIE S. BLOCKER, P.A.

Principal Place	e of Business	Mailing Address				f ifferitar tra ratti åtter antit	# # 1111 W # 1111 W # 111 W	11811 28181 1 9 111	1889) (181 148)
7340 WESTMORELAND DR SARASOTA FL 34243 US		7340 WESTMORELAND DR SARASOTA FL 34243 US			DO NOT W	RITE IN THIS	SPACE		
03		03			3. Date	e Incorporated or Qualife	ed		
					03/	/04/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				Number		Ap	plied For
21		26		_	65	0658048		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Carl	tifcate of Status Desired		\$8.75	
22		27			J. CC.			Fee Re	quired
City & State	e	City & State		•		tion Campaign Financin	g \square		May Be -
23		28			 -	st Fund Contribution		Added t	o Fees
Zip	Country	Zip	Countr	У		corporation owes the cu	urrent year in	tangible Yes	Ω Nο
24	25	29	30			sonal Property Tax. ne and Address of Nev	v Registered		Upa NO
	9. Name and Address of Currer	nt Registered Agent	8	1 Name	IV, Mail	ile alla Adoless of Hor	* Negistered	rigoni	
BLO	CKER, BONNIE S		Ĺ			, T T T T T T T T T T			
l	38TH CT E		8:	2 Street Add	fress (P.O. E	Box Number is Not Acce	ptable)		
	ASOTA FL 34243		8:	3 7 2	110	1.1.	1	Dr	
				1 10)4 <u>()</u>	Westmore	<u>Jann</u>		
1			84	4 City	200	color	FI	85 Zip (1243
			455 555	_	1 1 1	2011-	he nurnose of	changing its	registered
11 Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statute	es, the abo	ve-named cor	poration sub	omits this statement for t	no porpode o		
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statute of Florida. Such change was a stions of Section 607.0505. Flor	es, the abo uthorized b rida Statute	ve-named corporation	poration sub tion's board (of directors. I hereby acc	cept the appo	intment as re	gistered
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the section of the sec	ations of, Section 607.0505, Flor	es, the about thorized by rida Statute	ve-named cor y the corporat s.	poration sub tion's board (omits this statement for the of directors. I hereby acc	cept the appo	intment as re 8 - 4 4	gistered
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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 all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP