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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000047437 (4)

1. Corporation Name

BONAQUIST MEDIA SERVICES, INC.



Principal Place of Business

757 BINNACLE DR
NAPLES FL 33940

Mailing Address

757 BINNACLE DR
NAPLES FL 34103-2727

3. Date Incorporated or Qualified

05/30/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

34103

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

City

30

4. FEL Number

65-0694671

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

BONAQUIST, JAMES A JR
3550 E TAMiami TRAIL
NAPLES FL 34112

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 undersigned 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

BONAQUIST, LAUREN A

STREET ADDRESS

757 BINNACLE DR

CITY-ST-ZIP

NAPLES FL 33940

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. E

1. ME

1. STREET ADDRESS

1. Y-ST-ZIP

2. E

2. ME

2. STREET ADDRESS

2. Y-ST-ZIP

3. E

3. ME

3. STREET ADDRESS

3. Y-ST-ZIP

4. E

4. ME

4. STREET ADDRESS

4. Y-ST-ZIP

5. E

5. ME

5. STREET ADDRESS

5. Y-ST-ZIP

6. E

6. ME

6. STREET ADDRESS

6. Y-ST-ZIP

☐ Change

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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 file 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: V

Lauren Bonquist
President

4/14/97

941-649-6696