**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000017463

BONO'S	OF ALACHUA COUNTY, IN	C.						
Principal Place	of Business	Mailing Address				! <b>#8</b> 030 <b>88</b> 301 <b>88</b> 310 <b>83</b> 101 11	<b>1</b>	HILL BERG
2002 SAN MARCO BLVD P.O. BOX 47876 SUITE 204 JACKSONVILLE FL 32247 JACKSONVILLE FL 32207								
					DO NO	DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Q 02/24/1997</li> </ol>	ualifed		
2. Principal Pl	ace of Business	2a. Mailing Address	. Mailing Address				App	lied For
21		26			59-3430152		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Des	sired	\$8.75 A	
22		27					Fee Rec	quired
City & State		_ City & State			6. Election Campaign Financing \$5.00 May Be			
23	28				Trust Fund Contribution	Trust Fund Contribution Added to Fees		
Zip	Country Zip Co			, .	8. This corporation owes the current year intangible			
24	25]	29 30			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of	New Registered A	gent	
CTAN	JEODD DOLLOLAG C		81	Name				
STANFORD, DOUGLAS G			82	Street	Address (P.O. Box Number is Not	Acceptable)		
50 N LAURA STREET			_					
SUITE 2800			83					
JACKSONVILLE FL 32202			84	City		FL	85 Zip C	ode
11 Pursuant t	to the provisions of Sections 607.0502	and 607:1508. Florida Statutes: th	e abov	e-named	corporation submits this statement	for the purpose of c	hanging its r	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was author	zed by	the corpo	oration's board of directors. I hereb	y accept the appoint	tment as reg	istered
=	n tarrinar with, and accept the obligat	ions of, Section dor.0005, Fibrida C	oldiui03	•				Į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	tered Age	nt signature r	equired when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTO	
TITLE	D DELETE 1.11		1.1 TITLE			W <sub>1</sub> , 1 2	☐ Change	☐ Addition
NAME	DAVIS, T. WAYNE JR	j. a	.2 NAME				er (an) Name and Carlo	
STREET ADDRESS			.3 STREE	T ADDRESS				
CITY-ST-ZIP			1.4 CITY-S	IT-ZIP				
TITLE	D	□ DELETE 2.11					Change	Addition
NAME	■ 1,		2.2 NAME					(
STREET ADDRESS	,		.3 STREE	TADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32207		2. 4 CITY-5	ST-ZIP				
TITLE	0.101100111122212	☐ DELETE 3.1			_ Change		☐ Change	Addition
NAME.	33		3.2 NAME			<del></del>		
STREET ADDRESS			3.3 STREE	T ADDRESS				Ì
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE			.1 TITLE				Change	☐ Addition
NAME			I. 2 NAME			,		
STREET ADDRESS				T ADDRESS			. •	
CITY-ST-ZIP			4 CITY-S					
TITLE			5.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			3.2 NAME					

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 with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90092 038 \*\*\*150.00

☐ Addition