

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

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

DOCUMENT # P97000017463

1. Corporation Name

BONO'S OF ALACHUA COUNTY, INC.

Principal Place of Business

2002 SAN MARCO BLVD  
SUITE 204  
JACKSONVILLE FL 32207

Mailing Address

P.O. BOX 47876  
JACKSONVILLE FL 32247

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

59-3430152

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

STANFORD, DOUGLAS G  
50 N LAURA STREET  
SUITE 2800  
JACKSONVILLE FL 32202

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

DELETE

NAME

DAVIS, T. WAYNE JR

STREET ADDRESS

1910 SAN MARCO BLVD

CITY-ST-ZIP

JACKSONVILLE FL 32207

TITLE

D

DELETE

NAME

SAFFELL, PAUL K

STREET ADDRESS

2002 SAN MARCO BLVD, STE 204

CITY-ST-ZIP

JACKSONVILLE FL 32207

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

Date

904 398 55 88

Daytime Phone #

CR2E034 (1/98)