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

PROFIT CORPORATION ANNUAL REPORT

1999

BONITA MAIL STOP, INC.

DOCUMENT #

1. Corporation Name



P97000024472

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90237 004 ***150.00

a nominor die anno 1990, doni Costi Distribuito (1916 A181) A1811 (1820 A181)

Principal Place of Business Mailing Address					I tout to the talk that to the same		
26831 S. TAMIAMI TR 28615 CLINTON LANE #51 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134					DO NOT WRITE IN	I THIS SPACE	
BONITA SPRINGS FL 34134					3. Date Incorporated or Qualifed		
					03/13/1997		
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
2. (morpai) k	204 01 Baamere	26			59-3435168		Not Applicable
Suite, Apt. #	#. etc	Suite, Apt. #, etc.				\$8.7	75 Additional
22	.,	27			5. Certifcate of Status Desired	Fe	e Required
City & State	9	City & State			6. Election Campaign Financing	\$5.	00 May Be
23		28			Trust Fund Contribution	Add	ded to Fees
Žip	Country	Zip	Countr	у	8. This corporation owes the current y	_	_
24	25	29 30			Personal Property Tax.	∐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent	
			8	1 Name			
BRAZELTON, DONNA L			8:	2 Street Add	Address (P.O. Box Number is Not Acceptable)		
	5 CLINTON LANE						
BONI	TA SPRINGS FL 34134		8:	3			
			8	4 City		85	Zip Code
						<u>_FL_ ``</u> _	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was authors of, Section 607.0505, Florida	orized d a Statute	y the corporati	poration submits this statement for the purp on's board of directors. I hereby accept the	appointment a	is registered
	Signature, typed or printed name of registered agent		13.	ent signature require	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
12.	OFFICERS AND	DELETE	13. 1,1 TITLE		ADDITIONOIGNATION TO CITYOU	☐ Cha	
TITLE	D POATELTON DONALD E		1.2 NAME			_	
NAME	BRAZELTON, DONALD E		1	ET ADDRESS			
STREET ADDRESS	28615 CLINTON LANE		ŀ				
CITY-ST-ZIP	BONITA SPRINGS FL 34134	□ DELETE	1.4 CITY- 2.1 TITLE			Cha	ange Addition
TITLE	D CONTRACT		2.1 MAME			_	
NAME	BRAZELTON, DONNA L			ET ADDRESS			1
STREET ADDRESS	28615 CLINTON LANE		I.	ļ			
CITY-ST-ZIP	BONITA SPRINGS FL 34134	☐ DELETE	2. 4 CITY 3.1 TITLE			☐ Cha	ange [] Addition
TITLE		<u></u>	3.2 NAM				
NAME				ET ADDRESS			
STREET ADDRESS			3.4. CITY		•		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			Cha	ange Addition
NAME			4, 2 NAM	E Ì			ļ
STREET ADDRESS			4.3 STRE	ET ADDRESS	·		
TITY-ST-ZIP			4,4 CITY				
Things		☐ DELETE	5.1 TITLE			☐ Cha	ange Addition
NAME			5.2 NAM	E		•	
STREET A, DRESS			5.3 STRE	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETÉ	6.1 TITL			Cha	ange
NAME			6.2 NAM	E			
STREET ADDRESS	}		6.3 STRE	EET ADDRESS			
CITY-ST-ZIP			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 tristee 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.

SIGNATURE