07121999-90020-042-$550.00-$550.00

FILED
Jul 12, 1999 8:00 am
Secretary of State
07-12-1999 90020 042 ***550.00

AMOUNT DUE ON OR BEFORE 05/1/99: $530 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000001032 ✓
Corporation Name
BONITA SECURITIES, INC.

Principal Place of Business
4925 BAY CEDAR DRIVE
BONITA SPRINGS FL 34134

Mailing Address
24925 BAY CEDAR DRIVE
BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

Principal Place of Business	9120 Los Lagos CT
Suite, Apt. #, etc.	102
City & State	Bonita Springs, FL
Zip / County	34135 / Lee
2a. Mailing Address	9120 Los Lagos CT
Suite, Apt. #, etc.	102
City & State	Bonita Springs, FL
Zip / Country	34135 / Lee

3. Date Incorporated or Qualified: 01/06/1998
4. FEI Number: 65-0803455 — ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTLER, GAREY F
HUMPHREY & KNOTT, P.A.
1625 HENDRY STREET #301
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: D Norbert Gray
82 Street Address (P.O. Box Number is Not Acceptable): 9120 Los Lagos CT #102
83: 65-0803455
84 City: Bonita Springs FL 85 Zip Code: 34135

1. 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] DATE: 7-16-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	D ☐ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
AME	GRAY, D H	1.2 NAME	D Norbert Gray
TREET ADDRESS	24925 BAY CEDAR DRIVE	1.3 STREET ADDRESS	9120 Los Lagos CT. #102
TY-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
AME		2.2 NAME	
TREET ADDRESS		2.3 STREET ADDRESS	
TY-ST-ZIP		2.4 CITY-ST-ZIP	
TLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
AME		3.2 NAME	
TREET ADDRESS		3.3 STREET ADDRESS	
TY-ST-ZIP		3.4 CITY-ST-ZIP	
TLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
AME		4.2 NAME	
TREET ADDRESS		4.3 STREET ADDRESS	
TY-ST-ZIP		4.4 CITY-ST-ZIP	
TLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
AME		5.2 NAME	
TREET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
TLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
AME		6.2 NAME	
TREET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

4. 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.

SIGNATURE: [signature] D. NORBERT GRAY — 7-5-99 — 941-948-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #