

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90103 034 ***158.75

DOCUMENT # P98000070987

1. Corporation Name
BONNIE'S BEST, INC.

Principal Place of Business
7332 MEADOWLAWN DR.
ST. PETERSBURG FL 33702

Mailing Address
7332 MEADOWLAWN DR.
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1998

4. FEI Number

Applied For

☒ 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 Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 1330 Snell Isle Blvd. N.E.

26 1330 Snell Isle Blvd. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. 1

27 Apt. 1

City & State

City & State

23 St. Petersburg, FL.

28 St. Petersburg, FL.

Zip

Country

Zip

Country

24 33704

25 USA

29 33704

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAGE, CHERYL L
7332 MEADOWLAWN DR.
ST. PETERSBURG FL 33702

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1330 Snell Isle Blvd. N.E., Apt. 1

83

84 City

St. Petersburg

FL

85 Zip Code
33704

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

Cheryl Page

4/29/99

DATE

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

TITLE DPST ☐ DELETE
NAME PAGE, CHERYL L
STREET ADDRESS 7332 MEADOWLAWN DR.
CITY-ST-ZIP ST. PETERSBURG FL 33702

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1330 Snell Isle Blvd. N.E., Apt. 1
1.4 CITY-ST-ZIP St. Petersburg, FL. 33704

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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.

SIGNATURE:

Cheryl Page

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

727/898-5189

CR2E034 (11/98)

0405273