Apr 26, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000077282

Corporation Name	1 0000001120			ì			
JACK BONNER CONS	STRUCTION, INC.	•					
				<u>. </u>	BULL BRUKH ORKU KERUL HOBUR I	LOCA KORIO KRIK KODA	
Principal Place of Business	Mailing Add	dress		4 (00)(00) (10 (01)(01)(10)(10)	#	(66) (51/6)(6/ (56)	
6228 BRICE ST.	6228 BRICE	ST.	•				
MILTON FL 32570 MILTON FL 32570		32570		DO NOT WR	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifect			
, .	_	<u> </u>		09/01/1998		_	
2. Principal Place of Business	2a. Mailing	Address		4. FEI Number	V	Applied For	
21	26	11341345		APPLIED FOR	7	Not Applicable	
Suite, Apt. #, etc.		Apt. #, etc.			\$8.7	5 Additional	
22	27	•		Certificate of Status Desired	Fee	Required	
City & State	City & S	State		6. Election Campaign Financing	\$5.0)0 May Be	
23	28			Trust Fund Contribution	Add	ed to Fees	
	Country Zip		Country	8. This corporation owes the cu		S	
24 25	29	30		Personal Property Tax.	☐ Yes	No	
9. Name and	Address of Current Registered Ag	gent	81 Name	Name and Address of New	Registered Agent		
BONNER, JACK D J	D		1 1				
6228 BRICE ST.	n		82 Street A	ddress (P.O. Box Number is Not Accep	table)		
MILTON FL 32570			83				
MILTOIT 1 L 32370			65				
			84 City		FL 85 2	Lip Code	
	6 Santiaga 607 0503 and 607 1509	Florida Statutes th	he above-named c	ornoration submits this statement for the	nurnose of changing	its registered	
l -EE-a ar sagistarad agant a	e bath in the State at Florida Such	change was alling	rizen ov toe comor	orporation submits this statement for the ation's board of directors. I hereby acce	nurnose of changing	its registered registered	
l -EE-a ar sagistarad agant a	of Sections 607.0502 and 607.1508 or both, in the State of Florida. Such and accept the obligations of, Section	change was alling	rizen ov toe comor	orporation submits this statement for the ation's board of directors. I hereby acce	nurnose of changing	its registered s registered	
office or registered agent, o agent. I am familiar with, ar SIGNATURE	or both, in the State of Florida. Such ad accept the obligations of, Section	change was author 607.0505, Florida	rizen ov toe comor	puired when reinstating)	e purpose of changing ept the appointment as		
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

850 983-1021