FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

DOCUMENT # **S26937** **(0)**

1. Current Name
BONNIE B. TOMPKINS ENTERPRISES, INC.

Principal Place of Business
8901 S.W. 51ST PLACE
COOPER CITY FL 33328
US

Mailing Address
8901 S.W. 51ST PLACE
COOPER CITY FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/24/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **65-0237702** ☐ Applied For ☐ Not Applicable

State Abbreviation
22

State Abbreviation
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 | 25 | 29 **33328** | 30

8. Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TOMPKINS, BONNIE B.
8901 S.W. 51ST PLACE
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81 Name

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

83

84 City | 85 Zip Code **FL**

11. Pursuant to the provisions of Section 607.0501 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A-J)	
Title	**PST**	Title	☐ Change ☐ Addition
Name	**TOMPKINS, BONNIE B.**	Name	
Street Address	**8901 S.W. 51ST PLACE**	Street Address	
City-State-Zip	**COOPER CITY FL**	City-State-Zip	
Title	**D**	Title	☐ Change ☐ Addition
Name	**TOMPKINS, BONNIE B.**	Name	
Street Address	**8901 S.W. 51ST PLACE**	Street Address	
City-State-Zip	**COOPER CITY FL**	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 1, or Block 13 if changed, or is attached with an address.

SIGNATURE: Bonnie B. Tompkins **4-26-95** **305-387-6546**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
BONNIE B. TOMPKINS

0235139 CP