

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 04, 1999 8:00 am
Secretary of State

05-04-1999 90204 021 ***150.00

DOCUMENT # V47318

1. Corporation Name
BERNIER BUILDERS, INC.

Principal Place of Business

1460 GOLDENGATE PARKWAY
103
NAPLES FL 33942
US

Mailing Address

1460 GOLDENGATE PARKWAY
103
NAPLES FL 33942
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1992

4. FEI Number

65-0342673

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

9. Name and Address of Current Registered Agent

BERNIER, WILLIAM
2452 PEINCIANA ST.
NAPLES FL 34105

10. Name and Address of New Registered Agent

81 Name

DIAN K

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

83

84 City

FL

85 Zip Code

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BERNIER, WILLIAM
STREET ADDRESS 1460 GOLDENGATE PKWY., STE. 103
CITY-ST-ZIP NAPLES FL

TITLE VP ☐ DELETE

NAME MARCY, GREG
STREET ADDRESS 1865 COURTYARD 101
CITY-ST-ZIP NAPLES FL 34112

TITLE S ☐ DELETE

NAME BERNIER, JOYCE
STREET ADDRESS 2716 FOUNTAIN VIEW #203
CITY-ST-ZIP NAPLES FL

TITLE T ☐ DELETE

NAME BERNIER, JOYCE
STREET ADDRESS 2716 FOUNTAIN VIEW #203
CITY-ST-ZIP NAPLES FL

TITLE OFFICER ☐ DELETE

NAME Gregory Hoon
STREET ADDRESS
CITY-ST-ZIP Naples FL 34105

TITLE T ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

OFFICER

Gregory Hoon

3400 Sacramento Way

Naples FL 34105

OFFICER

Thomas Davis

1022 I.B.E.

Bonita Springs

34135

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)