

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19249

**Entity Name:** BONNESS, INC.**Current Principal Place of Business:**1900 SEWARD AVE  
NAPLES, FL 34109**Current Mailing Address:**1900 SEWARD AVE  
NAPLES, FL 34109 US**FEI Number:** 59-2055219**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAILIE, KATHLEEN M  
1900 SEWARD AVE  
NAPLES, FL 34109 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	DIRECTOR, PRESIDENT
Name	BONNESS, MAUREEN S	Name	BAILIE, KATHLEEN M
Address	7390 ROOKERY LANE	Address	267 CHANNING CT
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	NAPLES FL 34110
Title	SECRETARY, TREASURER	Title	DIRECTOR
Name	TEETS, FRANK D	Name	COTY, MARK E
Address	351 BURNT PINE DRIVE	Address	2007 145TH STREET EAST
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	BRADENTON FL 34212
Title	DIRECTOR	Title	DIRECTOR
Name	AMON, LAWRENCE	Name	MACKENZIE, SHARON
Address	9024 TERRANOVA DRIVE	Address	2603 NW 170TH ST.
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NEWBERRY FL 32669
Title	VP	Title	ASST. SECRETARY
Name	CROSBY, DAVID	Name	THORNTON, BRADLEY
Address	1910 49TH STREET SW	Address	532 47TH AVENUE NE
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34120

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN M. BAILIE**PRESIDENT****01/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date