

**2020 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:** No**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  
Name BONNESS, MAUREEN S  
Address 7390 ROOKERY LANE  
City-State-Zip: NAPLES FL 34120

Title DIRECTOR, PRESIDENT  
Name BAILIE, KATHLEEN M  
Address 267 CHANNING CT  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name COTY, MARK E  
Address 2007 145TH STREET EAST  
City-State-Zip: BRADENTON FL 34212

Title DIRECTOR  
Name AMON, LAWRENCE  
Address 9024 TERRANOVA DRIVE  
City-State-Zip: NAPLES FL 34109

Title DIRECTOR  
Name MACKENZIE, SHARON  
Address 2603 NW 170TH ST.  
City-State-Zip: NEWBERRY FL 32669

Title VP  
Name CROSBY, DAVID  
Address 1910 49TH STREET SW  
City-State-Zip: NAPLES FL 34116

Title SECRETARY  
Name THORNTON, BRADLEY  
Address 532 47TH AVENUE NE  
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****01/14/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date