#### 2017 FLORIDA PROFIT CORPORATION AMENDED 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

#### Name and Address of Current Registered Agent:

BAILIE, KATHLEEN M 1900 SEWARD AVE NAPLES, FL 34109 US

Date

FILED

Certificate of Status Desired: No

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

# Officer/Director Detail :

	Title	VP	Title	DIRECTOR, SECRETARY
	Name	JANCO, JEFF	Name	BONNESS, MAUREEN S
	Address	3535 29TH AVENUE SW	Address	7390 ROOKERY LANE
	City-State-Zip:	NAPLES FL 34117	City-State-Zip:	NAPLES FL 34120
	Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, TREASURER
	Name	BAILIE, KATHLEEN M	Name	TEETS, FRANK D
	Address	267 CHANNING CT.	Address	351 BURNT PINE DRIVE
	City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34119
			<b>T</b> :0 -	DIDECTOR
	Title	DIRECTOR	Title	DIRECTOR
	Name	COTY, MARK E	Name	AMON, LAWRENCE
	Address	2007 145TH STREET EAST	Address	9024 TERRANOVA DRIVE
	City-State-Zip:	BRADENTON FL 34212	City-State-Zip:	NAPLES FL 34109

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

DIRECTOR, PRESIDENT 05/09/2017

Electronic Signature of Signing Officer/Director Detail