

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000031537

Entity Name: FNBT.COM, INC

Current Principal Place of Business:

29 N. EGLIN PARKWAY
FORT WALTON BEACH, FL 32548

Current Mailing Address:

29 N. EGLIN PARKWAY
FORT WALTON BEACH, FL 32548

FEI Number: 59-0788761

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRINGAS, JOHN J
29 N EGLIN PARKWAY
FORT WALTON BEACH, FL 32548 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 CEO
Name TRINGAS, JOHN J
Address 29 N EGLIN PARKWAY
City-State-Zip: FORT WALTON BEACH FL 32548

Title VC, PRESIDENT
Name BEASLEY, J L SR.
Address 29 EGLIN PARKWAY
City-State-Zip: FORT WALTON BEACH FL 32548

Title D
Name TRINGAS, ALEX J
Address 29 EGLIN PARKWAY
City-State-Zip: FORT WALTON BEACH FL 32548

Title D
Name BOSTICK, LARK T
Address 29 EGLIN PARKWAY
City-State-Zip: FORT WALTON BEACH FL 32548

Title D
Name PETREY, PAUL A JR.
Address 2724 EDGEWATER DRIVE
City-State-Zip: NICEVILLE FL 32578

Title D
Name HUDSON, HUGH E
Address 3210 FISH HATCHERY ROAD
City-State-Zip: MARIANNA FL 32446

Title CFO
Name WADE, MARKLYN E
Address 29 N. EGLIN PARKWAY
City-State-Zip: FORT WALTON BEACH FL 32548

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: MARKLYN E WADE

CFO

01/31/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date