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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:03

DOCUMENT # **596889** **(6)**

1. Corporation Name
B N T COMPANY, INC.

Principal Place of Business	Mailing Address
730 CREATIVE DR UNIT 4 PO BOX 6236 (ZIP 33807) LAKELAND FL 33813	730 CREATIVE DR UNIT 4 PO BOX 6236 (ZIP 33807) LAKELAND FL 33813-4908 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **12/05/1978**
3a. Date of Last Report: **03/18/1994**
4. FEI Number: **59-1867956** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TODD, HENRY E 377 SWEETBRIAR LANE LAKELAND, FL 33813	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6802 TRAIL RIDGE DRIVE 83 84 City LAKELAND FL 85 Zip Code 33813-4524

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE		☒ Change ☐ Addition
NAME	TODD, BESSIE N	1.2 NAME		
STREET ADDRESS	377 SWEETBRIAR LANE	1.3 STREET ADDRESS	6802 TRAIL RIDGE DRIVE	
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP	LAKELAND, FL 33813-4524	
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	TODD, HENRY E	2.2 NAME		
STREET ADDRESS	377 SWEETBRIAR LANE	2.3 STREET ADDRESS	6802 TRAIL RIDGE DRIVE	
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP	LAKELAND, FL 33813-4524	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Henry E. Todd HENRY E. TODD 04/07/95 (813)647-1508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013774 CP