FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

SIGNATURE:

DOCUI	MENT # 596889	9 (6)						
BNT	COMPANY, INC.				t (SSIA) Alla (SIIA Alla	(A 1668 1681 Ellet (Blåt :	ıbır Giğir Gibir Gr	Ti)
•								
Principal Place of Business		Mailing Address					## #### #### ###	114 G1811 1561
730 CREATIVE DR UNIT 4 PO BOX 6236 (ZIP 33807)		730 CREATIVE DR UNIT 4 PO BOX 6236 (ZIP 33807)						
LAKELAND F		LAKELAND FL 33813-4			3. Date incorporated or O	Qualified 3a. Da	ite of Last Rep	oort
		US			12/05/1978		04/12/1995	
	lace of Business	2a. Mailing Address		4. FEI Number		Ap	oplied For	
Suite, Apl.	#_etc	Suite, Apt. #, etc.		59-1867956	\$9.75 Addition		ot Applicable	
22	7,000	27		5. Certificate of Status De	esired		Additional equired	
City & State	е	City & State		6. Election Campaign Fina	ancing -	\$5.00	May Be	
23	Country	28	Count		Trust Fund Contribution		Added t	
24	Country Zip		Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
	g. Name and Address of Curren				10. Name and Address of	I New Registered	J Agent	· · · · · · · · · · · · · · · · · · ·
			8	1 Name				
	HENRY E		8	2 SkeehAdo	dursk P.O. BOX Number is NOT ((Ceptable)		-
377 SWEETBRIAR LANE LAKELAND, FL			8		INNIH KIDOB DKI			
33813	NU, FL			<u> </u>				
00010			8	⁴ City LAI	KELAND	FI	L 85 3 93	813
or register	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid	la. Such change was authoriz	ed by the co	named corporation's bo	oration submits this statement for	or the purpose of cl	hanging its reg	gistered office igent. I am
familiár wi	iln, and accept the obligations of, Section	on 607.0505, Florida Statutes	j		,	,,		
SIGNATURE	Signature, typical or printed name of registered agent (and site it appreciable (NC	TE Registered Ag	yort signature requir	irád when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS AN		
TIFLE	STD DECOUE AL	☐ DELETE	1. 1 TITL	1			☐ Change	Addition
NAME SERELL ADDRESS	TODD, BESSIE N 6802 TRAIL RIDGE DR		1.2 NAM	ET ADDRESS				
City St-ZiF	LAKELAND FL		1.4 City	1				
TILLE	PD	DELETE	2 1 Titt		***		☐ Change	Addition
NAMI	TODD, HENRY E		2 2 NAME					
STEEL LADDHESS	6802 TRAIL RIDGE DRIVE		2 3 STREET ADDRESS					
CITY-\$1- 2 16 THUE	LAKELAND FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
NAME			3.7 MAM	1			☐ Citarge	☐ Younou
SPEELL ADDRESS				FF ADDRESS				
CIPY ST ZIP	<u> </u>		3.4 CiTY	-ST-ZIP				
Wi,£		☐ DELETE	4. 1 TITL	F			☐ Change	☐ Addition
NAME	İ		4 2 NAM	!				
STREET ADDRESS				ET ADDRESS				
COY-ST ZIF		DELETE	4.4 C/TY 5.1 T/TL				Change	Addition
NAME		<u></u>	5 2 NAM					
STREET ADDRESS			53 STRE	ET ADDRESS				
City-ST-ZIP		<u>-</u> 	5.4 CITY	-ST-ZIP				
Till: F		☐ DELETE	6 1 TITL	ł			☐ Change	Addition
NAME CAUGH LABORICS			6.2 NAM					
STREET ADDRESS				ET ADDRESS				
14. I do hereb	L. by certify that the information supplied v	vith this filing is voluntarily fun	64 City hished and do	es not qualify	for the exemption stated in Sec	tion 119.07(3)(k), F	lorida Statutes	s. I further
certify that oath; that	by certify that the information supplied with the information indicated in this annular an officer or director of the corporation.	al report or supplemental ann ration or the receiver or truste	iual report is f e empowered	true and accur d to execute th	rate and that my signature shall I his report as required by Chapte	have the same lega ir 607, Florida Stati	al effect as if material in the state of the	nade under my name

2/29/96 941-647-1508
Date Date Double Proce #