02231999-90010-030-$158.75-$158.75

FILED
Feb 23, 1999 8:00 am
Secretary of State
02-23-1999 90010 030 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000564**

1. Corporation Name
THE B.N.K. CORPORATION

Principal Place of Business	Mailing Address
238 WILSHIRE BLVD. SUITE 149 CASSELBERRY FL 32707 US	238 WILSHIRE BLVD SUITE 149 CASSELBERRY FL 32707 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 02/01/1996
4. FEI Number: 59-3345448 ☐ Applied For ☐ Not Applicable
5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KIEFNER, CHARLES
162 RIVERBEND DR
APT G
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: ORVILLE BALDRIDGE
82 Street Address (P.O. Box Number is Not Acceptable): 1154 GALAHAD DR
83
84 City: CASSELBERRY FL 85 Zip Code: 32707

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: Orville Baldridge 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	DP	☑ DELETE	1.1 TITLE	VSD	☐ Change ☑ Addition
NAME	KIEFNER, CHARLES		1.2 NAME	LAURA M, KOUGH	
STREET ADDRESS	162 RIVERBEND DR., APT G		1.3 STREET ADDRESS	2128 NICHOLSON DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	DST	☐ DELETE	2.1 TITLE	DTP	☑ Change ☐ Addition
NAME	BALDRIDGE, ORVILLE JR		2.2 NAME	ORVILLE BALDRIDGE JR	
STREET ADDRESS	1154 GALAHAD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCINTYRE, LEONA		3.2 NAME		
STREET ADDRESS	5830 FIRESTONE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Orville Baldridge P.D. 1/4/99 407-834-8944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #