

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J64051

1. Corporation Name

BANGKOK EXCHANGE MARKET, INCORPORATED

Principal Place of Business

704 S. TYNDALL PKWY
PANAMA CITY FL 32404

Mailing Address

704 S. TYNDALL PKWY
PANAMA CITY FL 32404

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90074 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1987

4. FEI Number

59-2781738

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

COLONEL, KANJANEE
704 S TYNDALL PKWY
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	KOEYSOMBOON, SUPON	
STREET ADDRESS	100 TAPKASATRI RD, THALANG	
CITY-ST-ZIP	PHUKET TH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLONEL, KANJANEE	
STREET ADDRESS	704 S. TYNDALL PKWY	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SRISONGKRAM, JARUNYA	
STREET ADDRESS	100 TAPKASATRI RD, THALANG	
CITY-ST-ZIP	PHUKET, THAILAND 83110	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KOEYROMBOON, JEERAJIT	
STREET ADDRESS	100 TAPKASATRI RD., THALANG	
CITY-ST-ZIP	PHUKET TH	
TITLE		<input type="checkbox"/> DELETE
NAME	Horace L. Colonel	
STREET ADDRESS	704 S. Tyndall Pkwy	
CITY-ST-ZIP	Panama City, Fla. 32404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Horace L. Colonel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

Date

850-763-1773

Daytime Phone #

CR2E034 (11/98)

005/019