

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N40160**

1. Corporation Name

BANTU, INC.

Principal Place of Business

~~DAVID HENDERSON~~
2507 SIR WILLIAMS STREET
TALLAHASSEE FL 32310

Mailing Address

~~DAVID HENDERSON~~
2507 SIR WILLIAMS STREET
TALLAHASSEE FL 32310

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90005 018 ****61.25

606435-90005-18



2. Principal Place of Business

21 **Linda J. Henderson**

22 **2507 Sir Williams St**

23 **Tallahassee FL**

24 **32310** 25 **Leon**

2a. Mailing Address

26 **2507 Sir Williams St.**

27 Suite, Apt. #, etc.

28 **Tallahassee, FL.**

29 **32310** 30 Country

3. Date Incorporated or Qualified

09/28/1990

4. FEI Number

59-3030307

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

9. Name and Address of Current Registered Agent

~~HARRIS, LEE ELDER~~
~~705 BROOKRIDGE DRIVE~~
~~TALLAHASSEE FL 32316~~

10. Name and Address of New Registered Agent

81 Name **Linda J. Henderson - President**
82 Street Address (P.O. Box Number is Not Acceptable)
2507 Sir Williams St
83
84 City **Tallahassee** 85 **FL** 86 **32310**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 **DC** ☒ DELETE
NAME **HARRIS, LEE**
STREET ADDRESS **705 BROOKRIDGE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DS** ☐ DELETE
NAME **PHILLIPS, SAM**
STREET ADDRESS **2040 MISTLETOE COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **DT** ☐ DELETE
NAME **CARTER, MATTHEW**
STREET ADDRESS **1904 MICCOSUKEE RD UNIT 6**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **DC**
1.3 STREET ADDRESS **R N Gouden**
1.4 CITY-ST-ZIP **2413 Mayfair Drive**
Tallahassee, FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, 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: **Linda J. Henderson** 574-3151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR