

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000096817** ✓

1. Corporation Name
BNBIZ, INC.

Principal Place of Business
**1437 SPINDRIFT CIRCLE E.
NEPTUNE BEACH FL 32266-3266**

Mailing Address
**1437 SPINDRIFT CIRCLE E.
NEPTUNE BEACH FL 32266-3266**

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90002 049 ***558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1998

4. FEI Number **59-355-6198** 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. ☐ Yes ☐ No

2. Principal Place of Business
21 **2 INDEPENDENT DR.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **2 INDEPENDENT DR**
Suite, Apt. #, etc.

22 **SPACE # 132**
City & State

27 **SPACE # 132**
City & State

23 **JACKSONVILLE, FL**
Zip

28 **JACKSONVILLE, FL**
Zip

24 **32202** 25 **USA**

29 **32202** 30 **USA**

9. Name and Address of Current Registered Agent

**SABANGAN, BERNABE C JR
1437 SPINDRIFT CIRCLE E.
NEPTUNE BEACH FL 32266-3266.**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
~~2 INDEPENDENT DR. SPACE # 132~~
83 **3875 S. SAN PABLO RD # 208**
84 City **JACKSONVILLE** 85 Zip Code **FL 32224**

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 **D** ☐ DELETE
NAME **SABANGAN, BERNABE C JR**
STREET ADDRESS **1437 SPINDRIFT CIRCLE E.**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266-3266**

TITLE **D** ☐ DELETE
NAME **PAQUIN, BRYAN J**
STREET ADDRESS **1836 HABERSHAM HBR.**
CITY-ST-ZIP **ORANGE PARK FL 30273-7743**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.3 STREET ADDRESS **3875 S. SAN PABLO RD # 208**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **BERNABE C. SABANGAN JR** 08-12-99 (904) 662-0968

CR2E034 (5/99)