

06301999-90011-014-\$150.00-\$150.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # S23270 ✓
1. Corporation Name
J.T. BANTON AND ASSOCIATES INC.



6/30/99 90011-014 \$150.00

205 Principal Place of Business
205 Mailing Address
205 LAZY ACRES LANE
LONGWOOD FL 32750
US

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

3. Date Incorporated or Qualified
01/07/1991
4. FEI Number
65-0240638
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
BANTON, JOHN T., JR.
205 LAZY ACRES LANE
LONGWOOD FL 32750

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 state if applicable (NOTE: Registered Agent's signature required after re-registration) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	
NAME	BANTON, JOHN T., JR.	12 NAME	
STREET ADDRESS	205 LAZY ACRES LANE	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 an other like empowered.

SIGNATURE: *JOHN T. BANTON, JR.* DATE: 6-6-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-334-8486

7-9-99

KATHERINE HARRIS
SEC. OF STATE
FLORIDA DEPT. OF STATE

DEAR ~~MR~~ HARRIS

I AM REQUESTING A WAIVER OF THE
\$400.00 LATE FEE FOR HEALTH REASONS.
I HAVE BEEN IN THE HOSPITAL A
TIMES SINCE JAN. 1. 99 WITH HEART
PROBLEMS.

JAN. 1. 99

FEB. 99

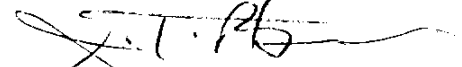
APR. 99

MAY 99

I WAS NOT ABLE TO WORK THE
ENTIRE MONTH OF MAY. I HAVE
HAD THIS CORP. ALMOST 9 YEARS
AND NEVER BEEN LATE BEFORE.

I HOPE YOU WILL SEE FIT TO
GRANT MY REQUEST.

Sincerely


J.T. BANTON