06301999-90011-014-$150.00-$150.00

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SECRETARY 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.

Principal Place of Business
~~202~~ 205 LAZY ACRES LANE
LONGWOOD FL 32750
US

Mailing Address
~~202~~ 205 LAZY ACRES LANE
LONGWOOD FL 32750
US

6/30/99 (NON-REFUNDABLE) 14 $150.00

3. Date Incorporated or Qualified
01/07/1991

2. Principal Place of Business
21

Suite, Apt. #, etc
22

City & State
23

Zip 24 Country 25

2a Mailing Address
26

Suite, Apt. #, etc
27

City & State
28

Zip 29 Country 30

4. FEI Number
65-0240638
☐ 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

9. Name and Address of Current Registered Agent

BANTON, JOHN T., JR.
~~202 LAZY ACRES LANE~~ →
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
205 LAZY ACRES LANE

83 ~~[illegible]~~

84 City LONGWOOD, FL 85 Zip Code 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	☐ Change	☐ Addition
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		☐ DELETE	21 TITLE	☐ Change	☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE	☐ Change	☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE	☐ Change	☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	☐ Change	☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	☐ Change	☐ Addition
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 all other like empowered.

SIGNATURE: [signature] JOHN T. BANTON, JR 6-6-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 407-339-8486

CR2E034 (11/98)

7-9-99

KATHERINE HARRIS
SEC. OF STATE
FLORIDA DEPT. OF STATE

DEAR ~~MS~~ HARRIS

I AM REQUESTING A WAIVER OF THE $400.00 LATE FEE FOR HEALTH REASONS. I HAVE BEEN IN THE HOSPITAL 4 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