PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K69486

1. Corporation Name

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90058 045 ***150.00

STUNE,	JUCA & MAHUNEY, CONS	ULTING ENGINE	Eno, INC				į.				
Principal Place	e of Business	Mailing Address						f jouriking bya. Distru shiri dinert i	Blig Blil Gigit B	idit etali didi	(BEBLI BIBIY IBBL
% JOHN J. M/	AHONEY. III AVE., SUITE D	% JOHN J. MAHONEY. III 1730 KINGSLEY AVE SUITE D ORANGE PARK FL 32073			į	DO NOT WRITE IN THIS SPACE					
						{	Į	Date Incorporated or Qualifed 03/01/1989	f		
2 Principal P	ace of Business	2a, Mailing Addre	ess					FEI Number		TT	Applied For
21		26				ĺ	<u> </u>	59-2935824			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							\$8.75	Additional	
City & State		City & State						Certificate of Status Desired			Required
		- -¬ ′			į	1	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip		untry			-	This corporation owes the cur	Tent year Int		2 10 1 003
24	<u> </u>	25 29 30				ſ		Personal Property Tax.	Tell year lin	∐ Yes	□No
[24]	9. Name and Address of Curren		1301	T				Name and Address of New	Registered	Agent	
*				81	Name						
MAH	ONEY, JOHN J., III			82		4 A d d a a a	- (D)	O. Boy Number is Not Asses	toble)		
1730	KINGSLEY AVE.				Stree	t Addres	ss (P.	O. Box Number is Not Accept	ranie)		
SUIT	_			83							
ORA	NGE PARK FL 32073			84	City					85 Zip	Code
						_			FL	. { ` ` `	
office or o	to the provisions of Sections 607.050 agistered agent, or both, in the State or familiar with, and accept the obliga	of Florida, Such chanc	ne was authorize	nd hv t	the com	d corpor poration	ation 's boa	submits this statement for the ard of directors. I hereby acce	e purpose of ept the appoi	changing it ntment as i	ts registered registered
SIGNATURE	,,										
SIGNATORE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registere	d Agent	t signature	required w			DATE		
12.	~_ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~	ID DIRECTORS	13				A	DDITIONS/CHANGES TO O	FFICERS AN		
TITLE	D			IIILE						Change	L Addition
NAME	MAHONEY, JOHN JOSEPH III			VAME		1					
STREET ADDRESS	1730 KINGLSEY AVE. #D				ADDRESS	S					
CITY-ST-ZIP	ORANGE PARK FL.			CITY-ST	- ZIP	┼-				☐ Change	Addition
TITLE	D COA CTERMEN DALII	□ bt		ULTE						☐ 0.nang.	
NAME	JOCA, STEPHEN PAUL			VAME		,					•
STREET ADDRESS	1730 KINGSLEY AVE. #D			_	ADDRESS	١,					
CITY-ST-ZIP	ORANGE PARK FL	ימר		CITY-ST	1-ZIP	 -				Change	Addition
NAME			1	VAME							••
STREET ADDRESS					ADDRESS	s					
CITY-ST-ZIP				CITY-S1		1					
TITLE		□ DI		ITLE						Change	Addition
NAME			4. 2	NAME							
STREET ADDRESS			4.3 5	STREET	ADDRESS	s					
CITY-ST-ZIP	·		4,4 (CITY-ST	-ZIP	<u> </u>					
TITLE		□ Df	LETE 5.11	ITTLE						Change	Addition
NAME			•	NAME							
STREET ADDRESS					ADDRESS	S					
CITY-ST-ZIP				TR-YTK	-ZIP	 					
TITLE		∐ DE		TITLE						☐ Change	Addition
NAME			1	VAME	400==°	,					İ
STREET ADDRESS	and the second				ADDRESS	9					
CITY-ST-ZIP			6.4 0	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 suppliemental 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 3 if changed or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR