FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name S57803

(6)

JAKE DEVELOPER, INC.

Principal Place of Business Mailing Address

Country

9. Name and Address of Current Registered Agent

25

TURCO, JACQUELINE A. COSC MICKODAMAGOD IN

6635 HICKORYWOOD LN NEW PORT RICHEY FL 34653

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURÉ:

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24

Zip

6635 HICKORYWOOD LN NEW PORT RICHEY FL 34653

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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29

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

06/03/1991

59-3073346

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

queline ATURCO 1-8-98

| NEW PORT RICHEY FL 34653 | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
|--|--------------------------|-------------|---------------|--|--------------|-------------------------|--------------------|------|--------|--------------|
| | | | 83 | 1 | | | | | | |
| | | | | Ļ | | | | | 1 | |
| | | | 84 | r C | City | | F | L 85 | Zip (| Jode |
| 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 | | | | | | | | | | s 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 and title if applicable. | | | | | gnature requ | ulred when reinstating) | DATE | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | | ADDITIONS/CHAI | NGES TO OFFICERS A | | | |
| TITLE | D | DETELE | 1.1 TITLE | | - 1 | | | | Change | Addition |
| NAME | TURCO, JACQUELINE A | | 1.2 NAME | | | | | | | + |
| STREET ADDRESS | 6635 HICKORYWOOD LN | | 1.3 STREET | T ADD | DRESS | | | | | ł |
| CITY-ST-ZIP | NEW PORT RICKEY FL | | 1.4 CITY-S | ST-ZIF | IP. | | | , | | |
| TITLE | D | ☐ DELETÉ | 2.1 TITLE | | 1 | | • | | Change | ☐ Addition |
| NAME | TURCO, EVE A | | 2.2 NAME | | İ | | | | | |
| STREET ADDRESS | 12202 QUAIL RUN ROW | | 2.3 STREET | | ORESS | | | | | Ì |
| CITY-ST-ZIP | BAYONET POINT FL | | 2. 4 CITY - | | ηP | | | i. | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | | | | | hange | Addition |
| NAME | Turco, Keith u | | 3.2 NAME | | | | | | | ļ |
| STREET ADDRESS | 17303 PONCE DE LEON BLVD | | 3.3 STREET | | DRESS | | | | | İ |
| CITY-ST-ZIP | BROOKSVILLE FL | | 3.4. CITY-S | | IP . | | | | | |
| TITLE | D | ☐ DELETÉ | 4.1 TITLE | | · | | | | hange | ☐ Addition |
| NAME | DUHAIME, ANGELIC C | | 4. 2 NAME | | - | | | | | 1 |
| STREET ADDRESS | 8035 LAUREL VISTALOOP | | 4.3 STREET | | DRESS | | | | | ŀ |
| CITY-ST-ZIP | PORT RICHEY FL | | 4.4 CITY - ST | | P | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | | | | hange | Addition |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET | r adds | RESS | | | | | \ |
| CITY-ST-ZIP | | | 5.4 CITY-S | ST-ZIF | P. | | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | | | | hange | ☐ Addition |
| NAME | | ı | 6.2 NAME | | | | | | | Ī |
| STREET ADDRESS | | | 6.3 STREET | (ADDF | RESS | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY~S | ST- ZIP | P | | | | | 1 |
| 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. | | | | | | | | | | |

Country

81 Name

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