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

May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name **(O)** JOTE SONS, INC. Principal Place of Business Mailing Address 6261 NEWBERRY ROAD 6261 NEWSBERRY ROAD OAKS MALL OAKS MALL **GAINESVILLE FL 32006** DO NOT WRITE IN THIS SPACE GAINESVILLE FL 32605 3. Date Incorporated or Qualified 09/09/1992 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 21 59-2933992 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 20 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOWELL, RON A 14802 N DALE MABRY HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 100 83 TAMPA FL 33618 City **B4** 85 Zip Code 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 e-gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE Change Addition NAME JOTWANI, PREM C. 1.2 NAME 6261 NEWBERRY ROAD STREET ADDRESS 1.3 STREET ADDRESS GAIENSVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2 1 TITLE Change ☐ Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS

**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

CITY-ST-ZIP

SIGNATURE

Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED**