SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

SARASOTA FL 34242

410-E

5750 MIDNIGHT PASS ROAD

PROFIT
CORPORATION
ANNUAL REPORT

Principal Place of Business

5750 MIDNIGHT PASS ROAD

410-E SARASOTA FL 34242

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jul 23 1998 8:00am

DO NOT WRITE IN THIS SPACE

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087418 (8)

JBJ COMPANY OF SARASOTA, INC.

US			U\$					- 1	Date Incorporated or Qualified			
									12/22/1993			
2. Principal Place of Business				2a. Mailing Address				4.	4. FEI Number		Applied For	
21			26						NOT APPLICABLE		Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State				City & State					6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution Added to Fees				
Zip	Country		• • • • • • • • • • • • • • • • • • •	, ' 		Country		₿.	8. This corporation owes or has paid the current year Intangible			
24				[30]				Personal Property Tax due June 30. Yes No				
		and Address of Curren	Regist	ered Agent		B1	Name	10.	Name and Address of New Registere	d Agent		
	EMAN, JOH				Ι'	•"	Name				ļ	
5750 MIDNIGHT PASS ROAD						82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 410-E												
SAR	asota fl s	34242			l'	83						
						84	City		F	L 85 2	Ip Code	
office or r	regist ere d ag	ons of sections 607.0502 ent, or both, in the State lth, and accept the obliga	of Florid	la. Such change was a	authorized	by t	the corpo	rporation tration's bo	submits this statement for the purpose of oard of directors. I hereby accept the app	changing it ointment a	s registered s registered	
	Signature, typed o	or printed name of registered agen	and title If	applicable. (NC	TE: Registere	d Ag	ent signature	required whe	en reinstating) DATE			
12.		OFFICERS AN	DIREC	CTORS	13.			/	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12	
TITLE	D			☐ DELETE	1.1 TITL	E	ľ			Chan	ge 🔲 Addition	
NAME	TRUEMAN				1.2 NAM	4E					İ	
STREET ADDRESS	5750 MIDN	NIGHT PASS RD			1.3 STR	EETA	ADDRESS					
CITY-ST-ZIP	SARASOT	A FL			1.4 CITY	r-st-	ZIP					
TITLE	D			DELETE	2.1 TITL	E		()	_	Chan	ge Addition	
NAME	LYNCH, H	ugh j			2.2 NAM	Œ	ı	1.41	NCU, WUGUJ.			
STREET ADDRESS 5600 DUCK ROW				2.3 STR	2.3 STREET ADDRESS		LYNCU, LUGUJ. 3915 TORREY PINES BLVD SORASOTA, FL 34238					
CITY-ST-ZIP	DAYTON (OH			2.4 CITY	/-ST-	ZIP	300	2050TD, FL 34238	\$		
TITLE	D			DELETE	3.1 TiTL	E			-	Chan		
NAME	RICOI, TH	OMAS C & BAR			3.2 NAM	ΙE	- 1					
STREET ADDRESS	37 OLERM	IONT LANE			3.3 STR	EET/	ADDRESS					
CITY-ST-ZIP	LADÜE MI				3.4 CITS	/-ST-	ZIP					
TITLE				DELETE	4.1 TITL	£				Chan	ge Addition	
NAME)					4.2 NAM	1E]					
STREET ADDRESS					4.3 STR	EETA	ADDRESS					
CITY-ST-ZIP_					4.4 CITY	ST.	ZIP					
TITLE				DELETE	5.1 TITL	E				Chan	ge Addition	
NAME					5.2 NAM	Œ					J	
STREET ADDRESS					5.3 STR	EETA	ADDRESS					
CITY-ST-ZIP					5.4 CITY	-ST-2	ZiP					
TITLE				DELETE	6.1 TITL	E				Chan	ge Addition	
NAME				÷ -	6.2 NAM	Œ	- 1					
STREET ADDRESS					6.3 STRI	EETA	ADDRESS					
CITY-ST-ZIP	•				6.4 CITY	-ST-	ZIP				1	
14. I hereby ce	rtify that the i	information supplied with	this filing	does not qualify for th	ne exempt	ion	stated in	section 11	9.07(3)(i), Florida Statutes. I further certify	that the in	formation	

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

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

PROFIT CORPORATION ANNUAL REPORT 1998		Ft ORIDA DEPAR Sandra B Secretar	RTMENT OF STATE Mortham y of State CORPORATIONS	8
DOCUN 1. Corporation THE DEE	MENT # 621069 RFIELD BUCCANÉER, INC.	(4)		
Principal Place 390 EVELINE ST SELKIRK, MANIT CANADA RIA 1N	REET OBA	Mailing Address 390 Eveline Street Selkirk, Manitoba Canada R1a 1n6		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/07/1979
2. Principal Pla 21 Sulte, Apt. #		2a. Mailing Address 26 Suite, Apt. #, etc.	,	4. FEI Number 59-1995605 Not Applied For Not Applicable \$8.75 Additional Fee Regulred
City & State 23 Zip	Country	City & State 28 Zip	Country	5. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
1500 Suite Ft La	UDERDALE FL 33309	2 (83 84 City	10. Name and Address of New Registered Agent ess (P.O. Box Number is Not Acceptable) FL 85 Zip Code
SIGNATURE _	agistered agent, or both, in the State on femiliar with, and accept the obliga- signature, typed or printed name of registered agen		uthorized by the corporation to the corporation of	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
12. TITLE NAME STREET ADDRESS	OFFICERS AN PDS SLOGAN, JOSEPH 100 OLIVER AVENUE SELKIRK, MANITOBA,CA	and the second of the second o	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition
14. I hereby cer	thic ensuel report or ruppiggeontal i	annual tanget is true and accur	e exemption stated in sect	tion 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am quired by Chapter 607, Florida Statutes; and that my name appears