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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 216650 1. Corporation Name

JOTTERAND CORP.

**FILED** Feb 12, 1999 8:00am **Secretary of State** 

02-12-1999 90021 042 \*\*\*150.00



						<u> </u>					
Principal Place of Business Mailing Address											
203 CATTLEMEN	203 CATTLEMEN ROAD				•			-			
P. O. BOX 1887		P. O. BOX 1887 (34230)	· · ·			DO NOT WRITE IN THIS SPACE					
SARASOTA FL	34232	SARASOTA FL 34232			3. Date Incorporated or Qualifed						
						10/25/1958					
2 Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		·App	ied For	p.J	
21	<b>333</b> 5. <b>2 33</b> 5. 3 5. 3 5. 3 5. 3 5. 3 5. 3 5. 3	26	26			59-0911042		Not	Applicable		
Suite, Apt. #	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Ac			
22	.,	27	27			5. Certificate of Status Desired	<u> </u>	Fee Req	uired		
City & State	9	City & State				6. Election Campaign Financing	<u> </u>	\$5.00.N	lay.Be		
23		28	28			Trust Fund Contribution	<u></u>	Added to	Fees		
Zip Country				ountry		8. This corporation owes the currer			_		
24	25	29	30			Personal Property Tax.		7	□No		
	9. Name and Address of Curre	nt Registered Agent		L,		10. Name and Address of New Re	gistered A	gent			
				81	Name						
ΠOL	TERAND, ROLAND P			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)				
620	BEACH RD					. eta e eren inter and and in the state of the and					
SAR	ASOTA FL 34242			83	TO SEE THE SEE						
				84	City	1 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2		85 Zip C	öde		
7, 11 - 175 - 121							FL	hanaina ita r	ogistored		
					-named corp he corporation	poration submits this statement for the pon's board of directors. I hereby accept	urpose or c the appoin	tment as reg	istered		
oπice or n	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stat	tutes.		•			٠.		
SIGNATURE		•								_	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F					signature require	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12	98	
12.		ND DIRECTORS	13.				OLINO AIN	Change	Addition	R2E034 (11/98)	
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NAME	JOTTERAND, ODETTË M	•		AME		•				8	
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NAME	OTTENAND, NODAND I			IAME						l	
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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 trustae employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with a second control of the corporation of the cor

SIGNATUREX