## 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 # 293256 1. Corporation Name

JEAN LOTT, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90124 023 \*\*\*150.00



								U BAIA BABA DIQ		{
Principal Place of Business Mailing Address										
805 FOX RUN SW 805 FOX RUN SW										
VERO BEACH FL 32962		VEHO BEACH FL 32962	VERO BEACH FL 32962			DO NOT WRITE IN THIS SPACE				
US						3.	Date Incorporated or Qualifed			
							05/24/1965			ļ
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			Applied For
21	26						59-1095074			Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	,	27	<u> </u>			5.	Certifcate of Status Desired		Fee	Required
City & State	e	City & State				6	Election Campaign Financing		\$5.0	0 May Be
23		28				۷.	Trust Fund Contribution		·	d to Fees
Zip	Country Zip Cou			/		8.	This corporation owes the curre	nt year Intai	ngible	
24	25	29	0	}		Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Curre					10.	Name and Address of New R	egistered A	gent	
			81	N.	lame					
LOTT, ALAN W.				9	troot Address	s (P	O. Box Number is Not Accepta	ole)	<del></del>	
805 FOX RUN SW			82	3	aser Address	- (ı	. S. Son Hallison to Hot Mooupla	, 		
VERO BEACH 32962			83	83						
			-	_					05 7	p Code
			84		ity			FL	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abov	e-na	med corpora	ation	submits this statement for the p	ourpose of c	hanging	its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida. Such change was auti	norized by	ine	corporation's	s bo	pard of directors. I hereby accept	the appoint	ment as	registerea
_	in familial with, and accept the oblig	anons en, econom economic services								
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOTE: R	egistered Age	nt sign	nature required wh	hen re	einstating)	DATE		
12.	OFFICERS AND DIRECTORS 13					F	ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	PD	☐ DELETE	1.1 TITLE						☐ Chang	e
NAME	LOTT, JEAN M		1.2 NAME							
STREET ADDRESS	805 FOX RUN SW 1.35		1.3 STREE	TADD	DRESS					
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY- S	ST-ZIP	·   _					
TITLE	D	☐ DELETE	2.1 TITLE						Chang	e 🗀 Addition
NAME	MARABLE, DAVID		2.2 NAME		İ					ļ
STREET ADDRESS	455 EUGENIA RD		23 STREE	T ADD	DRESS					}
CITY-ST-ZIP				2.4 CITY-ST-ZIP						
TITLE	SD DELETE 3.17			,					Chang	e 🗀 Addition
NAME	LOTT, ALAN W		3.2 NAME							
STREET ADDRESS			3.3 STREE	T ADD	DRESS					
CITY-ST-ZIP	NORTH DELCON EL		34 CITY-	ST-ZIF	P					
TITLE		☐ DELETE	4.1 TITLE						Chang	e Addition
NAME			4.2 NAME		ļ					l
STREET ADDRESS			4.3 STREE	TADE	DRESS					ļ
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP	,					
TITLE		☐ DELETE	5.1 TITLE						Chang	e Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	TADO	DRESS					
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	• Ì					
TITLE		☐ DELETE	6.1 TITLE					_	☐ Chang	e
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADE	DRESS					
SINCE ADDRESS			CACITY S							

14. I hereby certify that the information supplied with this filing does per 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 truttee ampowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Coll - College Phone #

CR2E034 (11/98)