

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

FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 323996

(9)

1. Corporation Name

J. L. P. PROPERTIES, INC.

Principal Place of Business

Mailing Address

~~1389 BYRD COURT~~  
ROCKLEDGE FL 32955  
US

~~P.O. BOX 1560~~  
~~COCOA FL 32922~~  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1967

4. FEI Number

59-1215753

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1389 BYRD COURT

Suite, Apt. #, etc.

22

City & State

23 ROCKLEDGE, FL

Zip

Country

24 32955

25 BREVARD

2a. Mailing Address

26 1389 BYRD COURT

Suite, Apt. #, etc.

27

City & State

28 ROCKLEDGE, FL

Zip

Country

29 32955

30 BREVARD

9. Name and Address of Current Registered Agent

WELLER, WILLIAM E  
101 N ATLANTIC AVE  
COCOA BEACH FL 32391

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME PEARCE, J.L.  
STREET ADDRESS 1389 BYRD COURT  
CITY-ST-ZIP ROCKLEDGE FL

TITLE STD ☐ DELETE

NAME PEARCE, M.J.  
STREET ADDRESS 1389 BYRD COURT  
CITY-ST-ZIP ROCKLEDGE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME PEARCE, J.L.  
1.3 STREET ADDRESS 1389 BYRD COURT  
1.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME PEARCE, M.J.  
2.3 STREET ADDRESS 1389 BYRD COURT  
2.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

SIGNATURE: J. L. PEARCE

CR2E034 (10/97)