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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STAFE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90171 003 ***150.00

DOCUMENT # 335699 JIB, INC.						1.5 turn arā ti a r	8 (1 8 1 8 (1 8 18(1 8	1 8 71 6 16() (86)
Principal Place of Business Mailing Address						IO IOIL BIDII DI	BIN EKRAN DIBIN E	INN OFFICE FOR
1429 60TH AVE. WEST 1429 60TH AVE. WEST					·			
SUITE 200 SUITE 200				•	DO NOT WRIT	E IN THIS	CDACE	
BRADENTON FL	34207	BRADENTON FL 34207			Date Incorporated or Qualifed	E IN THIS	SFACE	
					09/30/1968			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	``	Ap	plied For
21		26		59-1293548	·	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 A		
22		27					quired	
City & State		City & State		6. Election Campaign Financing		\$5.00 Added to		
Zip			Country		Trust Fund Contribution 8. This corporation owes the curre	ant woor Into		0 7 665
24	25 29 30		_ `		Personal Property Tax.	ani year mia		□No
24]	9. Name and Address of Curre		1		10. Name and Address of New R	egistered /	Agent	
			81	Name				
JOHNSON,JOHN H			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
5512 27TH ST W								
BHAL	DENTON FL 34207		83					[
			84	City			85 Zip C	ode
				L		FL		
office of to	egistered agent or both, in the State	e of Florida. Such change was aut	norized by	the corporati	poration submits this statement for the on's board of directors. I hereby accept	t the appoir	ottanging its otment as req	gistered
agent. I ai	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	ta Statutes	i.			•	ļ
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: F	Registered Age	nt signature require	ed when reinstating)	DATE		\
12.			13.		ADDITIONS/CHANGES TO OF	ICERS AN		
3,/7/7	PD	☐ DELETE	1.1 TITLE				Change	Addition
NAME	011110011, 00:111 11:		1.2 NAME					
STREET ADDRESS			1.3 STREE	TADDRESS				
CITY-ST-ZIP	BRADENTON FL			T-ZIP			Change	Addition
TITLE	STD	☐ DELÉTE	2.1 TITLE				☐ Change	
NAME	DIOT, CDVIVID TO		2.2 NAME	T 4 D D D D D D				
STREET ADDRESS	0200 7 01.01 11.11 7 2 10 2		2.3 STREE	TADDRESS				
CITY-ST-ZIP TITLE	-		3.1 TITLE	51-ZIP			Change	☐ Addition
NAME			32 NAME		•		_	İ
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME			•		
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			□ Change	☐ Addition
TITLE			5.1 TITLE 5.2 NAME	}			Change	☐ Audition
NAME				TADDRESS				
STREET ADDRESS			5.4 CITY- S					
CITY-ST-ZIP TITLE			6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-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 employees 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 pn an attachment with an address with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941)3657113

R2E034 (11/98)