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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 357675

1. Corporation Name

J.N.T. PROPERTIES, INC.

Principal Place of Business

116 E THIRD AVE
TALLAHASSEE FL 32303
US

Mailing Address

P.O. BOX 6007
TALLAHASSEE FLORIDA 32314

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY
239 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

81

Name

Frank S. Shaw, III

82

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

3530 Thomasville Road, 4th Floor

83

84

City Tallahassee

FL

85

Zip Code 32303

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

Frank S. Shaw, III

4/23/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME TOOKES, JAMES N
STREET ADDRESS 925 E. MAGNOLIA #C-5
CITY-ST-ZIP TALLAHASSEE FL

TITLE VP ☐ DELETE

NAME TOOKES, GERALD R
STREET ADDRESS 913 MCGUIRE CT.
CITY-ST-ZIP TALLAHASSEE FL

TITLE VP ☒ DELETE

NAME JOHNSON, MARVIN M
STREET ADDRESS 605 HAMPTON AVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE S ☒ DELETE

NAME PERRY-PLATT, ROSE M
STREET ADDRESS 454 ELLIS ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE AS ☐ DELETE

NAME STANLEY, IRIS E
STREET ADDRESS 2385 GREGORY DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Director ☐ Change ☒ Addition

12 NAME Crooms, Reginald
13 STREET ADDRESS 925 E. Magnolia #C-5
14 CITY-ST-ZIP Tallahassee, FL 32301

21 TITLE Vice President ☐ Change ☒ Addition

22 NAME Crooms, Beverly
23 STREET ADDRESS 925 E. Magnolia #C-5
24 CITY-ST-ZIP Tallahassee, FL 32301

31 TITLE Secretary ☒ Change ☐ Addition

32 NAME Stanley, Iris E.
33 STREET ADDRESS 3016 Byington Circle
34 CITY-ST-ZIP Tallahassee, FL 32303

41 TITLE ☐ Change ☐ Addition

700002870417-2
-05/11/99-01003-010
****158.75 ****158.75

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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, with all other like empowered

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/29/99

(850) 224-2922

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