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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90032 023 \*\*\*150.00

DOCUMENT # 394173

1. Corporation Name  
JASUJE CORPORATION

Principal Place of Business  
678 E. FIRST STREET  
PAHOKEE FL 33476

Mailing Address  
678 E. FIRST STREET  
PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1972

4. FEI Number

59-1377745

Applied For  
Not Applicable

5. Certificate of Status Desired: ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9 Regency Court

Suite, Apt. #, etc.

22

City & State

23 LEHIGH ACRES, FL.

Zip

24 33972

Country

25 Lee

2a. Mailing Address

26 9 Regency Court

Suite, Apt. #, etc.

27

City & State

28 LEHIGH ACRES, FL.

Zip

29 33972

Country

30 Lee

9. Name and Address of Current Registered Agent

JOHNSON, RALPH O.  
678 EAST FIRST STREET  
PAHOKEE FL 33476

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 VSD ☐ DELETE

NAME JOHNSON, RALPH O

STREET ADDRESS 678 EAST FIRST STREET

CITY-ST-ZIP PAHOKEE FL

TITLE PD ☐ DELETE

NAME JOHNSON, M JANET

STREET ADDRESS 678 EAST FIRST STREET

CITY-ST-ZIP PAHOKEE 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 ☒ Change ☐ Addition

1.2 NAME PRESIDENT & D

1.3 STREET ADDRESS RALPH O. JOHNSON

1.4 CITY-ST-ZIP 9 Regency Court

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VSD

2.3 STREET ADDRESS M. JANET JOHNSON

2.4 CITY-ST-ZIP 9 Regency Court

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, with all other like empowered.

SIGNATURE:

RALPH O. JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0374143