

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 526915 (4)

1. Corporation Name
JPT, INC.



Principal Place of Business

3111 W. DELEON ST.
STE 1
TAMPA FL 33609
US

Mailing Address

3111 W. DELEON ST.
STE 1
TAMPA FL 33609
US

3. Date Incorporated or Qualified
02/25/1977

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1810220

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEENE, PERRY O. JR.
857 SEDDON CODE WAY
TAMPA FL 33602

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STD
KEENE, PERRY JR
857 SEDDON COVE WAY
TAMPA, FL 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
PD
BISSENETTE, T E
1009 AQUA LANE
ODESSA, FL 00000

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

1.5 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

1.6 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

1.7 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a new address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

813-877-1133

Daytime Phone #

CR2E034 (12/95)