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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90014 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 526915

1. Corporation Name

JPT, INC.



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified

02/25/1977

2. Principal Place of Business

21 **918 LAKE BROOKER CT.** 26 **918 LAKE BROOKER CT.**

Suite, Apt. #, etc.

22 **LUTZ FL** 27 **LUTZ FLA.**

City & State

23 **33549** 25 **USA** 29 **33549** 30 **USA**

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**918 LAKE BROOKER CT
LUTZ, FL 33549**

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)

1/19/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE, PERRY JR	1.2 NAME	KEENE, PERRY JR
STREET ADDRESS	857 SEDDON COVE WAY	1.3 STREET ADDRESS	918 LAKE BROOKER CT
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	LUTZ, FLORIDA 33549
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISSONNETTE, T E	2.2 NAME	
STREET ADDRESS	1009 AQUA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

DATE

813-909-1342

Daytime Phone #

CR2E034 (11/98)