PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 561490

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

05-01-1999 90072 050 ***150.00

1. Corporatio	Name # 561490					
J. & J. F	PROPERTIES, INC.					
				LERBIRE RELIA BELAK ELAH ARAKA ERA	IL ABIN AIGHE CHBH AIGH CHBH GLGA	
	- .				(Celi Ciai: Eleli Ciai: Eleli Ciai	J EUCH (CO
Principal Plac	e of Business	Mailing Address			I t Raff Arati minit atoti nisti niat	i aidit ikat
1965 SUSSEX DRIVE 1965 SUSSEX DRIVE				1		
MOUNT DORA FL 32757 MOUNT DORA FL 32757				DO NOT WRIT	E IN THIS SPACE	
				3. Date Incorporated or Qualifed	L III THIS STACE	
				03/08/1978		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Appli	ied For
21		26 P.O. BOY :	531010	59-1804937	 ' ' ' ' 	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	□ \$8.75 Add	ditional
22		27		5. Certicate of Status Desired	Fee Requ	ired
City & Stat	ie .	City & State	ra de combo	6. Election Campaign Financing	□ \$5.00 ма	ay Be
23		28 ORUANTOO, 1	L 70099	Trust Fund Contribution	Added to I	Fees
Zip ├──┐	Country	Zip 22/52-1010	Country 4	8. This corporation owes the curre		3.51-
24	25)	29 3263 3 101 0 30		Personal Property Tax. 10. Name and Address of New R]No
	9. Name and Address of Current	Registered Agent	81 Name /			
JACI	K B. HANSON			GL. B. HANSO		
1965 SUSSEX DRIVE			82 Street Addr	ess (PO Box Mumber is Not Accord	PET EAST	
	DORA FL 32757		83	Concerno BIA		
,						
			84 CM	ANTOU	FL 853282	3
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes,	the above-named corpo	oration submits this statement for the p	ourpose of changing its re-	gistered
office or r agent. I a	egistered agent, or both, in the State of familiar with the obligation of the control of the obligation of the obligatio	of Florida. Such change was auth inns of, Section 607.0505, Florid	ionzed by the corporation a Statutes.\	on's board or directors. I relieby accept	the appointment as regis	leied
SIGNATURE		J.D.HAM	SON	7/00%	/ フ フ	
	Signature typid or political name of registered agent		gistered Agent signature required		DATE AND DIDEOTOR	0.451.40
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		Addition
TITLE	PSD CHANCON IAMES B		1.1 TITLE		□ Change	, Addition
NAME	HANSON, JAMES R 1965 SUSSEX DRIVE		1.2 NAME			}
STREET ADDRESS	MOUNT DORA FL		1.3 STREET ADDRESS			İ
CITY-ST-ZIP	DVP	☐ DELETE	1.4 C/TY-ST-ZIP		☐ Change	Addition
NAME	HANSON, JACK B.		2.2 NAME			_
STREET ADDRESS	1965 SUSSEX DR.		2.3 STREET ADDRESS			I
CITY-ST-ZIP	MT. DORA FL		2.4 CITY-ST-ZIP			}
TITLE	MIL DOINT IE	DELETE	3.1 TITLE		☐ Change	Addition
NAME		- -	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		•	}
TITLE		☐ DELETE	4.1 TITLE		Change	- Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		•	
CITY-ST-ZIP			4.4 CITY- ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME	'		5.2 NAME			
STREET ADDRESS	·		5.3 STREET ADDRESS			ľ
CITY+ST-ZIP			5.4 CITY-ST-ZIP		_ 	
ππ.E	grade and the second	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			}
STREET ADDRESS	State of the state		6.3 STREET ADDRESS			Í
CITY ST 7ID			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:

CHATCHE AND OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

:R2E034 (11/98