## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

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DOCUMENT # J & J REAL ESTATE AND DEVELOPMENT, INC. Principal Place of Business Mailing Address 5498 HIGHLANDS VUE LANE 5438 HIGHLANDS VUE LANE LAKELAND FL 33818-LAKELAND FL 33818-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1978 2, Principal Place of Business 2a. Mailing Address Applied For 6220 NELMS RD. 6220 NELMS RD. E. 59-1829482 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees LAKELAND LAKELAND Trust Fund Contribution 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible Zip 33811 POLK POLK 24 338 Personal Property Tax due June 30. 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Jones. Judith L. JONES JUDITH 5499 HIGHALNET AVE Street Address (P.O. Box Number is Not Acceptable) 82 LAKELAND FL 89818 83 6220 NEMS RO Zip Code **う**ろ & 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 lamiliar 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE PD 1.1 TITLE PD JONES, JUDITH L. JONES, JUDITH L. 1.2 NAME NAME 24987 HIGHLANDS VUE LANE STREET ADDRESS 1.3 STREET ADDRESS 6220 NELMS RO, E LAKEKAND, FO LAKELAND FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE JONES, JUDITH L. 6220 NELMS RD. E. NAME JONES, JUDITH L. 2.2 NAME **5438 HIGHLANDS YUE LANE** STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL LAKELAND, FC. 338// CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME JONES, JUDITH L. 3.2 NAME JONES, JUDITH L 6220 NELMS RO. E. STREET ADDRESS **5438 HIGHLANDS YUE-LANE** 3.3 STREET ADDRESS LAKELAND, FL. 33811 akeland fl 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE JONES, JUDITH L. 6220 NELMS RO. E. NAME **Jones**, Judith L 4.2 NAME STREET ADDRESS **5438 HIGHLANDS VUE LANE** 4.3 STREET ADDRESS LAKELAND, Fc. 33811 LAKELAND FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-2IP DELETÉ ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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**FILED** 

Mar 05 1998 8:00am

Secretary of State