**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 613932



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90090 046 \*\*\*150.00

JORI, INC.		
Principal Place of Business	Mailing Address	1 100 110 State 1 100 State 1 100 State 1 100 State 1
CEE ATH AVE M	SESS ATH AVE N	

5655 4TH AVE N. 5655 4TH AVE N. ST PETERSBURG FL 33710-7923 US US				23			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  03/22/1979				
2. Principal P	lace of Business	2a.	. Mailing Address				4. FEI Number		A	pplied For	1
21		26	•				59-1901221			lot Applicable	]
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional Required	
City & Stat	de .	28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	]-
Zip	Country 25	29	Zip 30	Country	/		This corporation owes the current yea     Personal Property Tax.		ngible Yes	□No	
	9. Name and Address of Current	Regis	stered Agent				10. Name and Address of New Registe	red A	gent		]
				81	N	Name					Ì
	SE, JOHN F 4TH AVE N.			82	5	Street Addre	ss (P.O. Box Number is Not Acceptable)				1
ST PI	ETERSBURG FL 33710-7923			83	T						1
				84	C	City		FL	85 Zip	Code	-
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or printed name of registered agent	Flori ons of	da. Such change was auth f, Section 607.0505, Florida	orized by a Statutes	tne S.	e corporation	ration submits this statement for the purpos i's board of directors. I hereby accept the al	ppomi	ment as r	egistered	
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS	S AND	DIRECT	ORS IN 12	18
TITLE	D OF TOURS AND	Direct	DELETE	1.1 TITLE			7,5571(0110)		Change		11/08
NAME	HOUSE, JOHN F			1,2 NAME							2
STREET ADDRESS				1.3 STREE	TAD	DRESS					6
CITY-ST-ZIP	ST PETERSBURG FL 33710-7923			1.4 CITY-5		į					6
TITLE	ST		☐ DELETE	2.1 TITLE					Change	Addition	٦ ر
NAME	HOUSE, BELVA S			2.2 NAME							1
STREET ADDRESS				2.3 STREE	TAD	DRESS					
CITY-ST-ZIP	ST PETERSBURG FL 33710-7923			2.4 CITY-	ST-Z	ZIP _					_
TITLE	ν		☐ DELETE	31 TTILE					Change	Addition	1
NAME	HARDSTY, DUANE A			32 NAME			•				1
STREET ADDRESS	4011 LEVONSHIRE PLACE			3.3 STREE	T AD	DRESS					
CITY-ST-ZIP	VALRICO FL 33594			3.4. CITY-	ST-Z	ZIP					4
TITLE			□ DELETE	4.1 TITLE					☐ Change	Addition	1
NAME	1			4. 2 NAME		{					1
STREET ADDRESS				4.3 STREE	T AD	ODRESS					
CITY-ST-ZIP			<b>—</b>	4 4 CITY-	ST-ZI	P			Char	· □ 644:	4
TITLE			DELETE	5.1 TITLE					Change	Addition	'
NAME				5.2 NAME	<b></b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
STREET ADDRESS				5.3 STREE		- 1					}
CITY-ST-ZIP			[*\ ne: exe	5.4 CITY-1 6.1 TITLE	\$T-ZI	JP			Channe	Addition	4-
TITLE			DELETE	6.2 NAME		[			☐ Change	, MODITION	']
NAME						NDBERR					
STREET ADDRESS	:			6.3 STREE	: AU	JUKESS					1

6 4 CITY-ST-ZIP 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 suppliemental 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:

GUIRED SIGNING OFFICER OR DIRECTOR

(770) 425-5328