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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Lawrence C. Updike, Secretary Treasurer

Feb 13, 2001 8:00 am Secretary of State **DOCUMENT # 648899** JUP, INC. 02-13-2001 90024 029 ***150.00 Principal Place of Business Mailing Address 5937 HWY 60 EAST P. O. BOX 231 P. O. BOX 231 60048412 LAKE WALES FL 33859-0231 LAKE WALES FL 33859-0231 2. Principal Place of Business 3. Mailing Address 68 Mammoth Grove Road P.O. Box 231 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1957526 Lake Wales, FL Lake Wales, Not Applicable Zip Country Zip Country \$8.75 Additional -5. Certificate of Status Desired П 33853 Fee Required 33859-0231 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UPDIKE, LAWRENCE C. Street Address (P.O. Box Number is Not Acceptable) -HIGHWAY-60-EAST-3-68 Mammoth Grove Road LAKE WALES FL 33853 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete ☐ Change ☐ Addition NAME NAME JOHN C. UPDIKE STREET ADDRESS STREET ADDRESS 5937 HWY. 60 E. CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME UPDIKE, LAWRENCE STREET ADDRESS STREET ADDRESS **68 MAMMOTH GROVE ROAD** CITY-ST-ZIP CITY-ST-ZIP--. . LAKE WALES FL TITLE ☐ Delete TITLE Change ☐:Addition NAME NAME UPDIKE, JEAN STREET ADDRESS STREET ADDRESS **68 MAMMOTH GROVE ROAD** CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME UPDIKE, JOHN C JR STREET ADDRESS STREET ADDRESS **68 MAMMOTH GROVE ROAD** CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL TITLE ☐ Delete D TITLE Change ☐ Addition NAME NAME GOOCH, KENT J. JR. STREET ADDRESS STREET ADDRESS 68 MAMMOTH GROVE ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME CONDON, KATHERINE JEAN STREET ADDRESS STREET ADDRESS 68 MAMMOTH GROVE ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 13. 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 report or supplemental 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.