2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2005 8:00 am **Secretary of State DOCUMENT #648899** 1. Entity Name 01-24-2005 90046 023 ***150.00 JUP, INC. Principal Place of Business Mailing Address **68 MAMMOTH GROVE ROAD** 68 MAMMOTH GROVE ROAD LAKE WALES, FL 33853 LAKE WALES, FL 33853 3. Mailing Address 2. Principal Place of Business P.O. BOX 231 Suite, Apt. #, etc. Suite, Apt. #, etc 01192005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State LAKE WALES, FL 59-1957526 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33859-0231 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ستسجيب لالتاني UPDIKE, LAWRENCE C. Street Address (P.O. Box Number is Not Acceptable) **HIGHWAY 60 EAST** LAKE WALES, FL 33853 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable. **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ST ☐ Delete TIT) F Change ☐ Addition UPDIKE, LAWRENCE NAME NAME 68 MAMMOTH GROVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE UPDIKE, JEAN NAME NAME 68 MAMMOTH GROVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL. 33898 CITY-ST-7IP Addition Delete TITLE TITLE UPDIKE, JOHN C JR NAME ____ 68 MAMMOTH GROVE ROAD STREET ADDRESS STREET ADDRESS LAKE WALES, FL 33898 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Defete TITI F TITLE GOOCH, KENT J. JR. NAME NAME STREET ADDRESS STREET ADDRESS 68 MAMMOTH GROVE ROAD CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP □ Change ☐ Addition Delete TITLE CONDON, KATHERINE JEAN NAME 68 MAMMOTH GROVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

LAWRENCE C. UPDIKE, SECRETARY/TREASURER

JANUARY 20.

2005

863-696-1487

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME/OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED