

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 25, 2007 08:00 AM
Secretary of State**

DOCUMENT # 648899

1. Entity Name
JUP, INC.



Principal Place of Business

68 MAMMOTH GROVE ROAD
LAKE WALES, FL 33853 US

Mailing Address

P.O. BOX 231
LAKE WALES, FL 33859-0231 US



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1957526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

UPDIKE, LAWRENCE C.
HIGHWAY 60 EAST
LAKE WALES, FL 33853

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000604295
01/29/07-80047-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
UPDIKE, LAWRENCE
68 MAMMOTH GROVE ROAD
LAKE WALES, FL 33898

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
UPDIKE, JEAN
68 MAMMOTH GROVE ROAD
LAKE WALES, FL 33898

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
UPDIKE, JOHN C JR
68 MAMMOTH GROVE ROAD
LAKE WALES, FL 33898

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOOCH, KENT J. JR.
68 MAMMOTH GROVE ROAD
LAKE WALES, FL 33898

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONDON, KATHERINE JEAN
68 MAMMOTH GROVE ROAD
LAKE WALES, FL 33898

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence C. Updike Sec./Tres. 01/22/07

Date

863-696-1487

Daytime Phone #