

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 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**



01042008 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000790005
01/23/08-80015-023 150.00

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 (file empowered).

SIGNATURE:

Lawrence C. Updike

Lawrence C. Updike, Sec/Tres

1/17/08

863-696-1487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #