FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 656956 1. Corporation Name

J. L. TUCKER INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90174 048 ***158.75



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Principal Place	e of Business	Mailing Address			 -	Amilia micat Arrim Atres (040)	11418 Alle BER() A	1411 415 11 616 11	#1211 #1011 F#B1
19248 PHILLIPS RD. 19248 PHILLIPS ROAD									
BROOKSVILLE FL 34609 BROOKSVILLE FL 34609						DO NOT WE	UTC IN THE	CDACE	
US US					D. Date I	DO NOT WRITE IN THIS SPACE			
					02/25	ncorporated or Qualifed 5/1980	I		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			pplied For
21		26	26			109 1 <u>65</u>		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	e	City & State	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Counti			orporation owes the cu	ment year Int		
24		25 29 30		•		nal Property Tax.	10.11 ,001 1111	Yes	Mo
241	9. Name and Address of Curre		1			and Address of New	Registered	Agent	- <i>t</i>
	J. Maine and Address of Carry	ART IN OFFICE A PROPERTY OF THE PROPERTY OF TH	8	1 Name					
TUC	KER, LINDA L								
1924	18 PHILLIPS RD.		8		Address (P.O. Box	Number is Not Accep	table) 		
BKU	OKSVILLE FL FL 34609		8	3					ì
			8	4 City			FL	85 Zip	Code
		502 and 607.1508, Florida Statutes	Abo obo	L samed	ageneration submi	to this statement for th		changing it	rs registered
office or re	eaistered agent, or both, in the Stat	te of Florida. Such change was authgations of, Section 607.0505, Florid	ionzed b	y the corp	oration's board of	directors. I hereby acco	ept the appoi	ntment as r	egistered
SIGNATURE									
0.01	Signature, typed or printed name of registered a	<u> </u>		ent signature r	required when reinstating)		DATE	-	200 1140
12.		AND DIRECTORS	13.		ADDITIO	ONS/CHANGES TO O	FFICERS AN		
TITLE	STD	☐ DELETE	1.1 TITLE					☐ Change	L Addition
NAME	TUCKER, LINDA L		1.2 NAME			•			
STREET ADDRESS	19248 PHILLIPS ROAD		1.3 STRE	ET ADDRESS					ł
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-	ST-ZIP					
TITLE	PD	☐ DELETE	2.1 TITLE	Į.				Change	Addition
NAME	TUCKER, JAY L		2.2 NAME	•					ļ
STREET ADDRESS	19248 PHILLIPS ROAD		2.3 STRE	ET ADDRESS					ļ
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY	-ST-ZIP	<u></u>				
TITLE		☐ DELETE	3.1 TITLE				4- Marrier	Change	e
NAME			3.2 NAME	Ē					}
STREET ADDRESS			3.3 STRE	ET ADDRESS					
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TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		,			
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME	Ē					
STREET ADDRESS			5.3 STRE	ETADORESS	1				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		 			Change	Addition
NAME			6.2 NAM	E					1
STREET ADDRESS	·		6.3 STRE	ET ADDRESS					i
DIRECTADORESS					1				I .

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 supplemental 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: JAY & THOKE