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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 688887

JENKINS/LOCKEBY ASSOCIATES, INC.

Principal Place of Business	Mailing Address	
P.O. BOX 15078 DAYTONA BCH FL 32115	P.O. BOX 15078 DAYTONA BCH FL 32115	

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90007 019 ***150.00



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Principal Place	of Business	Mailin	g Address				Bidii Olali di	(B))
P.O. BOX 15078			OX 15078					
DAYTONA BCH FL 32115 DAYTONA BCH FL 32115					DO NOT WRITE IN THIS SPACE			
1						Date Incorporated or Qualifed	-AOL	
						09/11/1980		
2 Principal Pl	ace of Business	2a, Ma	ailing Address			4. FEI Number	T Ap	plied For
	ace of Business	26				59-2047029	No	t Applicable
Suite, Apt.	#. etc.		uite, Apt. #, etc.			_	\$8.75 A	Additional
22	. ,	27				5. Certificate of Status Desired	Fee Re	quired
City & State	9	Ci	ity & State	7	-	6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zi _l	_	_ Countr	у	8. This corporation owes the current year Intan		□No
24	25	29	3	0		Personal Property Tax. 10. Name and Address of New Registered Ag	Yes	
	9. Name and Address of Curre	nt Register	ea Agent	81	Name	TV. Hame and Address of New Address Af	<u>,</u>	
ומכו	KWOOD, BARBARA JEAN							
l	N. HALIFAX			82	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
l	E #3			83	3			
l	TONA BEACH FL 32018						I I	
				84	City	FL	85 Zip (Jode
11 Pursuant	to the provisions of Sections 607.050	02 and 607.	1508, Florida Statutes	, the abov	re-named cor	rocration submits this statement for the purpose of Ch	nanging its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	Such change was allfl	norized by	v the corporat	tion's board of directors. I hereby accept the appointr	nent as re	gistered
} _	m familiar with, and accept the bongs	, uono oi, oc	10000, 10000	ia Giaisio	.			
SIGNATURE	Signature, typed or printed name of registered age	ant and title if ap	plicable. (NOTE: R	egistered Age	ent signature requi	red when reinstating) DATE		
12.	OFFICERS A	ND DIRECT	ORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD		☐ DELETE	1.1 TITLE		, ,	Change	Addition
NAME	LOCKEBY, KYLE E, JR			1.2 NAME				ļ
STREET ADDRESS	2201 E PENINSULA DR			1.3 STREE	ET ADDRESS			,
CITY-ST-ZIP	DAYTONA BCH, FL 00000			1.4 CITY-			☐ Change	Addition
TITLE	V		☐ DELETE	2.1 TITLE		'	Change	
NAME	LOCKEBY, HELEN			2.2 NAME				
STREET ADDRESS	2201 E PENINSULA DR			1	ET ADDRESS			}
CITY-ST-ZIP	DAYTONA BCH, FL 00000		☐ DELETE	2.4 CITY- 3.1 TITLE			☐ Change	Addition
TITLE	ST BARRADA I		- Perric	3.1 THE		•		_ [
NAME	LOCKWOOD, BARBARA J.				ET ADDRESS			
STREET ADDRESS	625 N. HALIFAX #3			3.4. CITY-				}
CITY-ST-ZIP	DAYTONA BCH FL		☐ DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS					ET ADORESS			
CITY-ST-ZIP				4.4 CITY-	1			
TITLE			☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	ET ADDRESS			ļ
CITY-ST-ZIP				5.4 CITY-	ST-ZIP			
TILE	, TITE 11M		☐ DELETE	6.1 TITLE		-	☐ Change	☐ Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREE	ET ADDRESS			
CITY-ST-ZIP				6.4 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 suppliemental 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 of on an attachment with an address, with all other like empowered.

SIGNATURE: