

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 849275

1. Corporation Name

JENNY ENGINEERING CORP., INC.

Principal Place of Business

2 EDISON PLACE
SPRINGFIELD NJ 07081

Mailing Address

2 EDISON PLACE
SPRINGFIELD NJ 07081

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90142 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1981

4. FEI Number

22-1809955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

OLSON, GEORGE, JR.
12043 HIDDEN HILLS DRIVE
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME JENNY, ROBERT J.
STREET ADDRESS 616 S. ORANGE AVE., SKYHOUSE #1
CITY-ST-ZIP MAPLEWOOD NJ

TITLE SD ☐ DELETE

NAME JENNY, MARCELLINE D
STREET ADDRESS 616 S. ORANGE AVE., SKYHOUSE #1
CITY-ST-ZIP MAPLEWOOD NJ

TITLE V ☐ DELETE

NAME MCDEMOTT, RICHARD J.
STREET ADDRESS 80. SUTTON RD.
CITY-ST-ZIP CALIFON NJ

TITLE V ☐ DELETE

NAME DONDE, PRAKASH M.
STREET ADDRESS 20 DEERWOOD TRAIL, WEST
CITY-ST-ZIP WARREN, NJ.

TITLE V ☐ DELETE

NAME KWIATKOWSKI, THOMAS P
STREET ADDRESS 45 OBERLIN ST
CITY-ST-ZIP MAPLEWOOD NJ 07040

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Date

(973) 379-6699

Daytime Phone #

CR2E034 (1/198)