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

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90260 050 ***150.00

DOCUMENT # F26401 1. Corporation Name	
JUNE JARMER, INC.	
	100000 1000

i iliicipai i laoc	ant Husiness	Mailing Address								
OCOO OF 474755	e of Business	·	20P			}				
9529 SE 174TH C/O JUNE E JA		9529 SE 174TH LO C/O JUNE E JARI								
SUMMERIELD FI		SUMMERFIELD FL				DO NOT WRITE IN THIS SPACE				
US	~ - · · · · ·	US	- -			3. Date Incorporated or Qualifed	<u> </u>			
						.03/23/1981				
2. Principal Pl	lace of Business	2a. Mailing Addre	ess			4. FEI Number		Ar	oplied For	
21		26				59-2095597	7-	No	ot Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #,	etc.				·	\$8.75	Additional	
22		27				5. Certificate of Status Desired	ŀ	Fee Re	equired	
City & State		City & State	 		6. Election Campaign Financing		\$5.00	Мау ве		
23		28				Trust Fund Contribution	٠.	Added	to Fees	
Zip	Country	Zíp	Co	ountry		8. This corporation owes the current y	rear Intan	gible		
24	25	29	30			Personal Property Tax.	E	Yes	X No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Regis	stered Ag	gent		
				81	Name			_		
	e e jarmer				Ct 4-1	O O Pay Number is Not Assessable)				
9529	SE 174TH LOOP			82	Street Addr	ess (P.O. Box Number is Not Acceptable)				
SUM	IMERFIELD FL 34491			83						
				84	City		FL	85 Zip	Code	
				لب		oration submits this statement for the purp		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rogiot	
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0	505, Florida Sta	atutes.	35. por atic	on's board of directors. I hereby accept the	and the second sec		<u>.</u> ,-	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	ed Agent	signature required	d when reinstating)	ATE			
12.		ND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	ORS IN 12	
TITLE	DP	☐ DE	LETE 1,1	TITLE				Change	☐ Addition	
i	- '	☐ DE		TITLE NAME				Change	☐ Addition	
NAME	JARMER, JUNE E	☐ DE	1.2	NAME	ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS	JARMER, JUNE E 9529 SE 174TH LOOP	□ DE	1.2 1.3	name Street	ADDRESS			☐ Change	☐ Addition	
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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: