


FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90007 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F30771

1. Corporation Name

J.S. SERVICE STATION, INC.

Principal Place of Business

 113 E AVENUE
 COCO PLUM BEACH
 MARATHON FL 33060
 US

Mailing Address

 113 E AVENUE
 COCO PLUM BCH
 MARATHON FL 33050
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1981

4. FEI Number

59-1978845

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

JUAN P. SUAREZ

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

113 AVE. E. COCO PLUM BEACH

83

KEY MARATHON

84 City

FL

FL

85 Zip Code

33050

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

 SUAREZ, JUAN
 1740 PALM AVENUE
 HIALEAH FL 33010

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 STREET ADDRESS

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

Date

Daytime Phone #