

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  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90082 009 \*\*\*150.00

DOCUMENT # F44848

1. Corporation Name  
JECCO, INC.

Principal Place of Business  
9875 ATLANTIC BOULEVARD  
JACKSONVILLE FL 32225-6552

Mailing Address  
9875 ATLANTIC BOULEVARD  
JACKSONVILLE FL 32225-6552

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/16/1981

4. FEI Number  
NOT APPLICABLE

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

2. Principal Place of Business  
21 10979 Atlantic Blvd

2a. Mailing Address  
26 10979 Atlantic Blvd

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

City & State  
23 Jacksonville FL

City & State  
28 Jacksonville FL

Zip Country  
24 32225 25 U.S.

Zip Country  
29 32225 30 U.S.

9. Name and Address of Current Registered Agent

J E CARUSO  
9875 ATLANTIC BLVD  
JAX FL 32225

10. Name and Address of New Registered Agent

81 Name JE Caruso  
82 Street Address (P.O. Box Number is Not Acceptable) 10979 Atlantic Blvd  
83  
84 City Jacksonville FL 85 Zip Code 32225

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 JE CARUSO (NOTE: Registered Agent signature required when reinstating) DATE 1/14/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PO	CARUSO, JOHN E.	9875 ATLANTIC BOULEVARD	JACKSONVILLE FL	<input type="checkbox"/>
TD	CARUSO, JO ANN	9875 ATLANTIC BOULEVARD	JACKSONVILLE FL	<input type="checkbox"/>
VD	CARUSO, JOHN MICHAEL	9875 ATLANTIC BOULEVARD	JACKSONVILLE FL	<input type="checkbox"/>
VP	REYNOLDS, DEBORA C.	9875 ATLANTIC BLVD.	JACKSONVILLE FL	<input type="checkbox"/>
VP	MICHAELS, TERRI C.	9875 ATLANTIC BLVD.	JACKSONVILLE FL	<input type="checkbox"/>
S	BRUNET, MARISA	9875 ATLANTIC BLVD.	JACKSONVILLE FL 32225	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: JE CARUSO 1/14/99 904-642-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)