

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F62669 1. Entity Name J.T.L. AND ASSOCIATES, INC.		
Principal Place of Business 6057 ARLINGTON XWAY JACKSONVILLE, FL 32211 US		Mailing Address 6057 ARLINGTON XWAY JACKSONVILLE, FL 32211 US
DO NOT WRITE IN THIS SPACE		
		
01062004 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-2168075		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOWE, JOHN T. 6057 ARLINGTN XWAY JACKSONVILLE, FL 32211		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when rebating.) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOWE, MARCELLA A. 1405 CARLOTTA RD., W. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLUP, MELINDA L. 3820 MEEK DR JACKSONVILLE, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Melinda L. Gallup</u> Melinda L. Gallup 1/6/04 724-3003 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		