

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 23, 1999 8:00 am
Secretary of State

02-23-1999 90023 020 ***150.00

DOCUMENT # F92601

1. Corporation Name
JONCAR ENTERPRISES, INC.

Principal Place of Business

% JOHN F JULIANO
430 PALMDALE DRIVE
OLDSMAR FL 34677

Mailing Address

% JOHN F JULIANO
430 PALMDALE DRIVE
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1982

4. FEI Number

59-2238193

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 % JOHN F. JULIANO

Suite, Apt. #, etc. #1002

22 3050 LANDMARK BLVD

City & State

23 PALM HARBOR, FL

Zip

24 34684

Country

25 U.S.A.

2a. Mailing Address

26 3050 LANDMARK BLVD

Suite, Apt. #, etc. #1002

27 #1002

City & State

28 PALM HARBOR, FL

Zip

29 34684

Country

30 USA

9. Name and Address of Current Registered Agent

JULIANO, JOHN F
430 PALMDALE DRIVE
OLDSMAR FL 33557

SAME AGENT
NEW ADDRESS →

10. Name and Address of New Registered Agent

81 Name JULIANO, JOHN F.

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

3050 LANDMARK BLVD

83 UNIT #1002

84 City PALM HARBOR

FL

85 Zip Code

34684

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 John F. Juliano

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

(NOTE: Registered Agent signature required when reinstating)

1/2/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JULIANO, JOHN F
STREET ADDRESS 430 PALMDALE DRIVE
CITY-ST-ZIP OLDSMAR FL ☐ DELETE

TITLE SD
NAME JULIANO, CAROL J
STREET ADDRESS 430 PALMDALE DR
CITY-ST-ZIP OLDSMAR FL ☐ DELETE

TITLE VD
NAME JULIANO, JOHN M.
STREET ADDRESS 3293 CLOVERPLACE DR.
CITY-ST-ZIP PALM HARBOR FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 3050 LANDMARK BLVD #1002
1.4 CITY-ST-ZIP PALM HARBOR FL 34684

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3050 LANDMARK BLVD #1002
2.4 CITY-ST-ZIP PALM HARBOR FL 34684

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 1/5/99 727-785-5707

CR2E034 (11/98)