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Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004257 (1)

1. Corporation Name
S.R. JOSS INCORPORATED

Principal Place of Business

2706 ALT 19 N
SUITE 208
PALM HARBOR FL 34683
US

Mailing Address

2706 ALT 19 N
SUITE 208
PALM HARBOR FL 34683
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1994

4. FEI Number

39-3399958

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 483 mandalay AVE

Suite, Apt. #, etc.

22 #207

City & State

23 CLEARWATER BEACH FL

Zip

24 33767

Country

25 Pinellas

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

10. Name and Address of New Registered Agent

81 Name

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

83 Indian Shores, FL

84 City

FL

85 Zip Code

33785

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

(NOTE: Registered Agent signature required when reinstating)

2/10/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CD
JOSS, SCOTT R
STREET ADDRESS 3423 FOXHALL DR.
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☐ DELETE

NAME SD
JOSS, SHERRY
STREET ADDRESS 3423 FOXHALL DR.
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 CD

1.3 STREET ADDRESS SCOTT JOSS

1.4 CITY-ST-ZIP 19300 Gulf Blvd

2.1 TITLE Indian Shores, FL 33785

2.2 NAME SD

2.3 STREET ADDRESS Sherry Joss

2.4 CITY-ST-ZIP 19300 Gulf Blvd

3.1 TITLE Indian Shores, FL 33785

3.2 NAME ☐ Change ☐ Addition

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, 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.

SIGNATURE:

Signature, typed or printed name of registered agent or director

2/10/98

CR2E034 (10/97)