

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**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90024 002 \*\*\*900.00

DOCUMENT # **F94000006568**

1. Corporation Name

**JAN-KING OF ORLANDO, INC.**



Principal Place of Business

**4950 KELLER SPRINGS ROAD, SUITE 190  
DALLAS TX 75248**

Mailing Address

**4950 KELLER SPRINGS ROAD, SUITE 190  
DALLAS TX 75248**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/23/1994**

4. FEI Number

**75-2570158**

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 16885 Dallas Parkway**

2a. Mailing Address

**26 16885 Dallas Parkway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**  
City & State  
**23 Addison, Texas**

**27**  
City & State  
**28 Addison, Texas**

**24** Zip  
**75001**

**25** Country  
**U.S.**

**29** Zip  
**75001**

**30** Country  
**U.S.**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRAWFORD, JERRY	
STREET ADDRESS	4950 KELLER SPRINGS ROAD, SUITE 190	
CITY-ST-ZIP	DALLAS TX	
TITLE	VCSD	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, JIM	
STREET ADDRESS	4950 KELLER SPRINGS ROAD, SUITE 190	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, JAMES SR	
STREET ADDRESS	4950 KELLER SPRINGS ROAD, SUITE 190	
CITY-ST-ZIP	DALLAS TX	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, KAREN	
STREET ADDRESS	4950 KELLER SPRINGS ROAD, SUITE 190	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CLARK, GARRY	
STREET ADDRESS	4950 KELLER SPRINGS RD STE 190	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	16885 Dallas Parkway
14 CITY-ST-ZIP	Addison, Texas 75001
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	16885 Dallas Parkway
24 CITY-ST-ZIP	Addison, Texas 75001
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	16885 Dallas Parkway
34 CITY-ST-ZIP	Addison, Texas 75001
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Assistant Secretary
43 STREET ADDRESS	Denise Vicari
44 CITY-ST-ZIP	16885 Dallas Parkway
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	16885 Dallas Parkway
54 CITY-ST-ZIP	Addison, Texas 75001
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

*Denise Vicari*, Denise Vicari

02-09-99 972-991-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)