

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
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90039 038 ***150.00

DOCUMENT # F95000000658

1. Corporation Name

J E INTERNATIONAL SUPPLY COMPANY, INC.

Principal Place of Business

**13000 SAWGRASS VILLAGE CI
SUITE 12
PONTE VEDRA BEACH FL 32082
US**

Mailing Address

**P O BOX 832
PONTE VEDRA BEACH FL 32004
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1995

4. FEI Number

22-2234324

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 13000 SAWGRASS VILLAGE CI
Suite, Apt. #, etc.

22 SUITE 12

City & State

23 PONTE VEDRA BEACH FL

Zip Country

24 32082 25 ST. JOHNS

2a. Mailing Address

26 P.O. BOX 832
Suite, Apt. #, etc.

27

City & State

28 PONTE VEDRA BEACH FL

Zip Country

29 32004 30 ST. JOHNS

9. Name and Address of Current Registered Agent

**ERMILIO, JOSEPH V
13000 SAWGRASS VILLAGE CIR.
STE 12
PONTE VEDRA BEACH FL 32082**

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 **P** ☐ DELETE
NAME **ERMILIO, JOSEPH V**
STREET ADDRESS **221 SEA ISLAND DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **S** ☐ DELETE
NAME **ERMILIO, DOROTHY**
STREET ADDRESS **221 SEA ISLAND DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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: **JOSEPH V. ERMILIO**
PRESIDENT

4/1/99
Date

904 273 6767
Daytime Phone #

CR2E034 (11/98)

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