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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90080 013 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G30640

1. Corporation Name
J.V. ASSOCIATES, INC.

Principal Place of Business

5003 CROSS POINTE DR
C
OLDSMAR FL 34677
US

Mailing Address

P O BOX 1149
C
OLDSMAR FL 34677
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1983

4. FEI Number

59-2284284

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 3606 Dariston Street

Suite, Apt. #, etc.

22 none

City & State

23 Palm Harbor, FL

Zip

24 34685

Country

25 Pinellas

2a. Mailing Address

26 P.O. Box 1149

Suite, Apt. #, etc.

27 none

City & State

28 Oldsmar, FL

Zip

29 34677

Country

30 Pinellas

9. Name and Address of Current Registered Agent

VASKO, JOHN R.
5003 CROSS PINTE DR
STE. C
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

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

3606 Dariston Street

83

84 City Palm Harbor

FL

85 Zip Code

34685

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 VASKO, JOHN R.
STREET ADDRESS 5003 CROSS POINTE DR
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ST ☐ DELETE

NAME VASKO, DONNA M.
STREET ADDRESS 5003 CROSS POINTE DR
CITY-ST-ZIP OLDSMAR FL 34677

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 3606 Dariston Street

1.4 CITY-ST-ZIP Palm Harbor, FL 34685

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3606 Dariston Street

2.4 CITY-ST-ZIP Palm Harbor, FL 34685

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

DONNA M. VASKO

Date

1/13/99

Daytime Phone #

813-891-0720

CR2E034 (11/98)