

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90067 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G48134

1. Corporation Name
J.V. SYSTEMS SERVICE, INC.



Principal Place of Business
**5003 CROSS POINTE DR
SUITE C
OLDSMAR FL 34677
US**

Mailing Address
**P O BOX 1149
SUITE C
OLDSMAR FL 34677
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/11/1983

4. FEI Number
59-2309770

Applied For
☐ Not Applicable

2. Principal Place of Business
3604 Darston Street

2a. Mailing Address
P.O. Box 1149

Suite, Apt. #, etc.
none

Suite, Apt. #, etc.
none

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

City & State
Palm Harbor, FL

City & State
Oldsmar, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

Zip
34685

Zip
34677

Country
Pinellas

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VASKO, JOHN R
5003 CROSS POINTE DR
SUITE C
OLDSMAR FL 34677**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3604 Darston 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASKO, JOHN R.	1.2 NAME	
STREET ADDRESS	5003 CROSS POINTE DR	1.3 STREET ADDRESS	3604 Darston Street
CITY-ST-ZIP	OLDSMAR FL 34677	1.4 CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASKO, DONNA M.	2.2 NAME	
STREET ADDRESS	5003 CROSS POINTE DR	2.3 STREET ADDRESS	3604 Darston Street
CITY-ST-ZIP	OLDSMAR FL 34677	2.4 CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Daytime Phone #

1/13/99 213-891-0720

CR2E034 (11/98)