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

PROFIT CORPORATION ANNUAL REPORT

1999



FLÖRIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G64612 1. Corporation Name

JUST PARKS, INC. Mailing Address Principal Place of Business 4337 HAMLIN WAY 4337 HAMLIN WAY WIMAUMA FL 33598 WIMAUMA FL 33598

FILED Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90051 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 10/12/1983
4. FEI Number Applied For
59-2338985 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
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4 . 25 1 . 3

office or registered agent, to 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Addition 10 Mag. 11 TITLE TITLE BODDEN, JOHN A. 1.2 NAME NAME 3003 SWEET ORANGE DRIVE 1.3 STREET ADDRESS STREET ADDRESS WIMAUMA FL 33598 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITLE BODDEN, REBECCA S. NAME 2.2 NAME 3003 SWEET ORANGE DRIVE STREET ADDRESS 2.3 STREET ADDRESS WIMAUMA FL 33598 3 (2) 413 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 3.1 TITLE MIL IOMA NAME A TOTAL 3.2 NAME Sheef him socialis 3.3 STREET ADORESS STREET ADDRESS WMA FL COM CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change □ DELETE 6.1 TITLE ☐ Addition TITLE area swêst usayal dara 6.2 NAME NAME **WERLER UTSER** 6.3 STREET ADDRESS STREET ADDRESS

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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034-(11/98)