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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G96410

JOLIN OF LEESBURG, INC.

Principal Place of Business		Ma	ailing Address								IBU BUUK BUR	OLDIL BEBEN 1900
% H.D. PUGH		%	% H.D. PUGH									
1031 W. MAIN STREET			1031 W. MAIN STREET				DO NOT WRITE IN THIS SPACE					
LEESBURG FL 34748-1993		LE	LEESBURG FL 34748-1993				3. Date Incorporated or Qualifed					
								04/17/1984				
2. Principal Pl	lace of Business	2a.	Mailing Address					FEI Number			A	pplied For
21		26						59-2394364			N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				- 1	Certifcate of Status Des	ired [כ		Additional
22		27						· . · . · · · · · · · · · · · · · · · ·		<u>. </u>		equired
City & State	е	\vdash	City & State					Election Campaign Fina]		May Be to Fees
23 Tip	Country	28	Zip	Coun	itry			Trust Fund Contribution This corporation owes the		voor Inte		IO FEES
Zip	25	29	Zip	30	,			Personal Property Tax.	ie canen	year mad	X Yes	□No
24	9. Name and Address of Curr		tered Agent	[30]				Name and Address of	New Reg	istered		
					81	Name						
PUG	iH, H.D.			-	82	Stroot Add	roce (D	O. Box Number is Not A	ccentable	<u></u>		
	1 W. MAIN STREET				٠2	Street Audi	i oss (r	.0. 000 14011001 10 14017	фооргавло	" ——		
LEES	SBURG FL 34748				83							j
	•			-	84	City					85 Zip	Code
	•				- 1	-				FL	. '	ì
44 5	to the provisions of Sections 607.0	502 and 6	07 1508, Florida Statu	ites, the ab	01/0		poration	submits this statement	for the pur	pose of	changing it:	s registered
office of a	opictored agent or both in the Sta	te of Floric	la Such change was	authorized	hv th	nameu corp	on's bo	and of directors. I hereby	/ accept th	ie appoir	ntment as re	egistered
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Floric	ia. Such change was	authorized	by th	ne corporati	ion's bo	ard of directors. I fiereby	/ ассері п	ів арроіі	milent as n	egistered
office or n agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Floric gations of,	da. Such change was , Section 607.0505, Fl	authorized orida Statu	by th tes.	ne corporate	ion's bo	/,	, accept to	· · · ·	milent as n	egistered
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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 the 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: >

352.787-4100