

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H12411**

**(5)**

1. Corporation Name

**JENECO, INC.**

Principal Place of Business

**2128 CLEVELAND AVENUE  
% ALBERT L. BOYD  
FORT MYERS FL 33901-3403**

Mailing Address

**2128 CLEVELAND AVENUE  
% ALBERT L. BOYD  
FORT MYERS FL 33901-3403**

**FILED**

**97 JUL 25 AM 10:29**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/17/1984</b>	3a. Date of Last Report <b>04/12/1996</b>
4. FEI Number <b>59-2439519</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

9. Name and Address of Current Registered Agent

**BOYD, ALBERT L.  
2128 CLEVELAND AVENUE  
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>40000255254--7</b>
83 <b>08/01/97-01084-023</b> <b>****165.00 ****165.00</b>
84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYD, ALBERT L.</b>	1.2 NAME	
STREET ADDRESS	<b>2128 CLEVELAND AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYD, SYLVIA C.</b>	2.2 NAME	
STREET ADDRESS	<b>2128 CLEVELAND AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 do 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.

SIGNATURE

**7/26/97 9413222747**

CR2E034 (4/97)

**Baby Town**  
2128 Cleveland Ave.  
Fort Myers, FL 33901  
941-332-2742 phone  
941-332-3687 fax

7/22/97

Div. of Corporations  
Attn: Annual Reports  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 1977 filing

We never received a "first notice" so am enclosing our check for \$165.00 (not to include a late fee) per phone conversation with Jim, this date, at 904/488-9000.

Sincerely,

Sylvia Byrd