

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90106 030 \*\*\*150.00

0070459

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # H44497

1. Corporation Name

JPV ENTERPRISES, INC.

Principal Place of Business

623 MONTGOMERY ROAD  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

% JAMES P. VAIL  
623 MONTGOMERY ROAD  
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1985

4. FEI Number

59-2502150

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

VAIL, JAMES P.  
623 MONTGOMERY ROAD  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 James P. Vail JAMES P. VAIL PRESIDENT

DATE

4/26/99

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME MAPP, JENNIFER L  
STREET ADDRESS 404 WILLOW BROOK LANE  
CITY-ST-ZIP LONGWOOD FL 32779

☒ DELETE

1.1 TITLE PRESIDENT  
1.2 NAME JAMES P. VAIL  
1.3 STREET ADDRESS 404 WILLOW BROOK LN  
1.4 CITY-ST-ZIP LONGWOOD FL 32779

☐ Change

☒ Addition

TITLE ST  
NAME GENTILE, LISA A  
STREET ADDRESS 7606 DAETWYLER DR  
CITY-ST-ZIP ORLANDO FL

☒ DELETE

2.1 TITLE ST  
2.2 NAME LISA A GENTILE  
2.3 STREET ADDRESS 3703 PRACK PIPE DR  
2.4 CITY-ST-ZIP ORLANDO FL 32829

☒ Change

☐ Addition

TITLE V  
NAME VAIL, JENNIFER L  
STREET ADDRESS 404 WILLOW BROOK LN  
CITY-ST-ZIP LONGWOOD FL

☒ DELETE

3.1 TITLE JENNIFER L MAPP  
3.2 NAME 2641 WASSUM TR VICE PRES  
3.3 STREET ADDRESS CHULUOTA, FL 32766  
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

JAMES P. VAIL 4/26/99 407 8696066

Date

Daytime Phone #

CR2E034 (11/98)