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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

201 E. PINE ST., SUITE 1200

\* PAMELA O. PRICE

ORLANDO FL 32801



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H69969

(4)

Mailing Address

% PAMELA O. PRICE

201 E. PINE ST., SUITE 1200

ORLANDO FL 32801-2725

J.B. INVESTMENTS OF WINTER PARK, INC.

|                       |   |                              |                   |   | 08/01/1985  | 02/                                   | 27/199(    | ŝ                |
|-----------------------|---|------------------------------|-------------------|---|---|---------------------------------------|------------|------------------|
| 2. Principal F        | Place of Business                                   | 2a. Mailing Address          |                   |   | 4. FEI Number   |                                       |            | Applied For      |
| 21                    |   | 26                           |                   |   | 59-2568289  |                                       |            | Not Applicable   |
| Suite, Apt            | #, etc  | Suite, Apt. #, etc.          |                   |   | 5. Certificate of Status Desired                        |                                       | <b>4-</b>  | 5 Additional     |
| 22                    |   | 27                           |                   |   | Certificate of States Desired                           |                                       | Fee        | Required         |
| City & Stat           | te  | City & State                 |                   |   | 6. Election Campaign Financing                          |                                       | \$5.0      | <b>00</b> May Be |
| 23                    |   | 28                           |                   |   | Trust Fund Contribution                                 |                                       | Add        | ed to Fees       |
| Zip                   | Country   | Zιρ                          | Cou               | ntry  | 8. This corporation has liability t                     |                                       |            | ır s. 199.032,   |
| 4 25 29 30            |   |                              |                   |   | Florida Statutes Yes No                                 |                                       |            |                  |
|                       | 9. Name and Address of Curre                        | nt Registered Agent          |                   |   | 10. Name and Address of New                             | Registered                            | Agent      |                  |
|                       | XE, PAMELA O.                                       |                              |                   | 81 Nam  | e   |                                       |            |                  |
| 201 E. PINE ST.       |   |                              |                   | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                                       |            |                  |
| SUITE 1200            |   |                              |                   |   |   |                                       |            |                  |
| ORL                   | ANDO FL 32801-9798                                  |                              |                   | 83  |   |                                       |            |                  |
|                       |   |                              | •                 | 84 City   |   |                                       | 85 Z       | ip Code          |
|                       |   |                              |                   | J., J.,   |   | FL                                    | .   53   7 | 1p 0000          |
| agent La<br>SIGNATURE | am familiar with, and accept the oblig              | gations of, Section 607.0505 | 5, Florida Stat   | utes.   | orporation's board of directors. I hereby ac            |                                       |            |                  |
| 12.                   | Signature, typical or printed name of registered as |                              | INUTE: Registered | Agent signate   | ure required when reinstating)  ADDITIONS/CHANGES TO OF | DATE                                  | NDECT      | ODC IN 10        |
| TITLE                 | OFFICERS AT   | NO DIRECTORS                 |                   | 16  | ADDITIONS/CHANGES TO OF                                 | FICENS AIVI                           | Chance     |                  |
| NAME                  | BRYAN, JAMES B., III                                | La Dictio                    | 1.2 NA            |   |   |                                       | Chang      | je [] Addition   |
| STREET ADDRESS        | 254 DRIGGS DR.                                      |                              |                   | reet address  |   |                                       |            |                  |
|                       | WINTER PARK FL                                      |                              |                   |   |   |                                       |            |                  |
| CITY-ST-ZIP<br>TITLE  | ST  | DELETE                       |                   | Y-ST-ZIP  | VST   | · · · · · · · · · · · · · · · · · · · | X Chang    | ge Addition      |
|                       | MASON, BETTY  | ال الماداد                   | 2.2 NA            |   | MASON, BETTY  |                                       | M CHAIN    | je Addition      |
| NAME                  | 254 DRIGGS DR.                                      |                              |                   | ··· <del>-</del>                                      | ACA BRIANCE OR  |                                       |            |                  |
| STREET ADDRESS        | WINTER PARK FL                                      |                              |                   | REET ADDRESS  | WINTER PARK, FL   |                                       |            |                  |
| DITY-ST-ZIP<br>TITLE  | V   | DELETE                       |                   | TY-ST-ZIP   | WINIER FARKS I'E  |                                       | Chang      | ge Addition      |
| NAME                  | SCHMIDT, CHERYL                                     | בן טונניונ                   | 3.1 III           |   | · ·   |                                       |            | je 🗀 Addition    |
|                       | 254 DRIGGS DRIVE                                    |                              |                   | reet adores:  |   |                                       |            |                  |
| STREET ADDRESS        | WINTER PARK FL                                      |                              |                   |   | ·   |                                       |            |                  |
| City-St-ZiP<br>TITLE  | AMAITM LAMILE                                       | DELETE                       |                   | TY-ST-ZIP   | <u> </u>  |                                       | Chang      | ge (Addition     |
| NAME                  |   | La ottete                    | 4.2 N             |   | V TOURCON PERMETILU                                     |                                       | VIAIIS     | is Calling       |
| STREET ADDRESS        |   |                              |                   | rret address  | JOHNSON, KENNETH W.                                     |                                       |            |                  |
|                       |   |                              |                   |   | COT DIVIDOS DIVI  |                                       |            |                  |
| DITY-ST-7IP<br>TITLE  |   | DELETE                       |                   | Y-ST-ZIP  | WINTER PARK, FL   |                                       | ☐ Chang    | ge 🔲 Addition    |
| NAME                  |   | LJ OLLCIL                    | 5.1 III<br>5.2 NA |   |   |                                       | L. ORAN    | jo               |
|                       |   |                              |                   |   |   |                                       |            |                  |
| STREET ADDRESS        |   |                              |                   | REET ADDRESS  |   |                                       |            |                  |
| City-St-ZiP           | i .   |                              | 5.4 CI            | Y-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1-24.97

407-618-6000

Change

☐ Addition

**FILED** 

Feb 06 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report