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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H72395**

(7)

1. Corporation Name

JENNY LEE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

% JOHN E. KELLY
16301 DEW DROP LANE
TAMPA FL 33625

% JOHN E. KELLY
16301 DEW DROP LANE
TAMPA FL 33625-1366

3. Date Incorporated or Qualified

08/14/1985

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, JOHN E.
16301 DEW DROP LANE
TAMPA FL 33625

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

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

DST
KELLY, JOHN E.
16301 DEW DROP LANE
TAMPA FL

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY- ST- ZIP

1.4 CITY- ST- ZIP

TITLE

PD
KELLY, MARILYN J.
16301 DEW DROP LANE
TAMPA FL

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY- ST- ZIP

2.4 CITY- ST- ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

3.4 CITY- ST- ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 CITY- ST- ZIP

TITLE

☐ DELETE

6.5 TITLE

☐ Change ☐ Addition

NAME

6.6 NAME

STREET ADDRESS

6.7 STREET ADDRESS

CITY- ST- ZIP

6.8 CITY- ST- ZIP

TITLE

☐ DELETE

6.9 TITLE

☐ Change ☐ Addition

NAME

6.10 NAME

STREET ADDRESS

6.11 STREET ADDRESS

CITY- ST- ZIP

6.12 CITY- ST- ZIP

TITLE

☐ DELETE

6.13 TITLE

☐ Change ☐ Addition

NAME

6.14 NAME

STREET ADDRESS

6.15 STREET ADDRESS

CITY- ST- ZIP

6.16 CITY- ST- ZIP

TITLE

☐ DELETE

6.17 TITLE

☐ Change ☐ Addition

SIGNATURE: *John E. Kelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-97 (813) 961-4213

Date

Daytime Phone #

CR2E034 (9/96)