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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

May 14 1997 8:00am Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 (2)**DOCUMENT # H91612** J.B.R. LTD., INC. Principal Place of Business Mailing Address % JUDY BLACK % JUDY BLACK 8240 KIPPS COLONY CT., #302 6240 KIPPS COLONY CT., #302 **GULFPORT FL 33707-3979 GULFPORT FL 33707** 3a. Date of Last Report 3. Date Incorporated or Qualified 12/24/1985 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3001 S. MACPILL HUR 59-2624534 26 Not Applicable Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 100 Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees lamps 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BLACK, JUDY 6240 KIPPS COLONY CT., #302 82 Street Address (P.O. Box Number is Not Acceptable) **GULFPORT FL 33707** 83 84 City 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 Signatine typed of printed name of registered agent and tile if applicable (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) THE DELETE 1.1 TITLE Change Addition BLACK, JUDY NAME 1.2 NAME 6240 KIPPS COLONY CT 302 1.3 STREET ADDRESS STREET ADORESS **GULFPORT FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ACIDRESS 2. 4 CITY-ST-ZIP C(1) - \$1 - 20 DELETE Change Addition 3 1 1111 F TOTAL NAM: 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-78 DELETE 4.1 TITLE Change Addition Tille NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-\$1-ZP 4.4 CITY - ST- ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition THLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREE! ADDRESS 6.4 CITY - ST-ZIP COTY-ST-7/P

14. I do nereby 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 eath; 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 estachment with an address.



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