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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 09, 1999 8:00 am Secretary of State 02-09-1999 90021 011 ***150.00

1. Corporation	MEN # H9//43		!		
Corporation	in Name				
JIM CO	NLEY, JR., INC.		! ,		
			•		
i Drin eine I Die		4.4.10°	-		Hi
I i I '	ce of Business	Mailing Address	1 ,		
C/O JAMES N 606 Pinar de	i CONLEY, JR.	C/O JAMES N. CONLEY. J 606 PINAR DRIVE	R.		
ORLANDO FL		ORLANDO FL 32825	i	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
	•			02/05/1986	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		59-2780388 Not Applica	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	!	5. Certificate of Status Desired \$8.75 Additiona	
City & Sta	la l	City & State		Fee Required	
23	te ·	28	j	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	1
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29	30 :	Personal Property Tax. Yes No	-
<u> </u>	9. Name and Address of Current	Registered Agent	1.	10. Name and Address of New Registered Agent	
COL	JLEV JAMES N. ID		81 Name		
CONLEY, JAMES N., JR. 606 PINAR DRIVE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	\dashv	
1.79	ANDO FL 32825				
	A1100 1 E 32023		83		
			84 City	■ 85 Zip Code	
44.5		1007 1500 57 11 01 11		PL	
11. Pursuant office or	egistered agent, or both, in the State of	: and 607.1508, Florida Statute of Florida. Such change was au	es, the above-named co uthorized by the corpora	rporation submits this statement for the purpose of changing its registere tion's board of directors. I hereby accept the appointment as registered	a
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Pagistared Agent signature room	ired when reinstating) DATE	Ì
12.			13.		
TITLE	PD			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	10	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
	CONLEY, JAMES N., JR.		 		_
STREET ADDRESS			1.1 TITLE		_
STREET ADDRESS CITY-ST-ZIP	CONLEY, JAMES N., JR.		1.1 TITLE 1.2 NAME		_
	CONLEY, JAMES N., JR. 606 PINAR DR.		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ition
CITY-ST-ZIP	CONLEY, JAMES N., JR. 606 PINAR DR. ORLANDO FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Add	ition
CITY-ST-ZIP	CONLEY, JAMES N., JR. 606 PINAR DR. ORLANDO FL ST CONLEY, ANTHONY ANN 606 PINAR DRIVE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Add	ition
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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: