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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J05938**

1. Corporation Name

JACK D. FITCH, INC.

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Principal Place	e of Business	Mai	iling Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
2664 N DESIGN CT			2664 N DESIGN CT												
SANFORD FL 32773			SANFORD FL 32773			1	DO NOT WRITE IN THIS SPACE								
US		05	US				3	3. Date Incorporated or Qualifed							
								3.	03/24/1	-					
2 Principal DI	lace of Business	22	Mailing Address					4	FEI Numb					Αp	plied For
	lace of business	26	Manny Madress					1	59-2666						t Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.										\$8	3.75	Additional
22	m, 010.	27	· · · · · · · · · · · · · · · · · · ·					5	. Certifcate	of Status D	esired		•	Fee Re	quired
City & State	<u> </u>		City & State					- 6	Election C	ampaign Fi	nancing		\$	5.00	May Be
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24	25	29		30					Personal F	Property Ta	x.		Y	es	□No
	9. Name and Address of Curr		ered Agent					10). Name and	Address	of New	Register	red Agen	t	
					81	N	ame								
	H, JACK D.				82	01	troot A	ddroee (P.O. Box Nu	mher is No	t Accent	table)			_
	KYLE DR				02	J.	(ICCL)	ourcoo (i	,	111,00, 10 110					
MAIT	ILAND FL 32751				83										
					-	<u> </u>							85	7in /	Code
					84	"	ity					F	FL °°	Zip	Code
11 Pursuant	to the provisions of Sections 607.0	502 and 60	7.1508, Florida Sta	tutes, th	ne above	e-na	med c	orporatio	on submits th	nis stateme	nt for the	e purpose	of chan	ging its	registered
office or re	agistered agent, or both, in the Sta	te of Florida	a. Such change wa:	ร สมเกิดข	izea bv.			ation's b	board of dire	ctore I here		ent the ac	iaminion'	ıt as re	aisterea
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SIGNATURE:

14. I hereby certify that the information supplied will indicated on this annual report or supplemental officer or director of the corporation or the report Block 12 or Block 13 if changed, or on an alkaliance.

CITY-ST-ZIP

h this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 very configuration of the empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in