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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **J26175** 

1. Corporation Name

J & L ENTERPRISES, INC., OF SARASOTA

Mailing Address Principal Place of Business 1485 TAMIAMI TR S 14RS TAMIAMI TR S VENICE FL 34285 VENICE FL 34285 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/29/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For IAMINDS TRS 59-2778322 \_Not\_Applicable= \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible **X**No ☐ Yes Personal Property Tax. ACASOIM 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PURDY, JAMES Street Address (P.O. Box Number is Not Acceptable) 82 1483 TAMIAMI TRAIL S **VENICE FL 34285** 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change PSTD 1.1 TITLE TITLE PURDY, JAMES 1.2 NAME NAME **1483 S TRAIL** 13 STREET ADDRESS STREET ADDRESS SARASOTA FL 34285 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 off an attachment with an orderess, with all other like empowered.

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

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6.4 CITY-ST-ZIP

4.3 STREET ADDRESS

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4.1 TITLE

4.2 NAME

5.1 TITLE

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6.1 TITLE

6.2 NAME

DELETE

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SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

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Change

☐ Change

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Addition

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Addition

FILED Mar 01, 1999 8:00 am

**Secretary of State** 

03-01-1999 90214 010 \*\*\*150.00

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