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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION CF CORPORATIONS

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90042 032 ***150.00

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DOCUMENT # 1. Corpo ation Name	J41187
JIM CRETUL, INC.	

Principal Place of Business

Mailing Address

3250 NW 68TH AVE OCALA FL 32675 3250 NW 68TH AVE OCALA FL 32675

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/05/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2850327 Nct Applicable 21 26 Suite, Apt. #, etc. \$8.75 /\dditional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Country Zip 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CRETUL, JIMMY 82 Street Address (P.O. Box Number is Not Acceptable) 3250 NW 68TH AVE **OCALA FL 32675** 83

11. Pursuant to the provisions of Sections 607.050.2 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its legistered 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.

84 City

SIGNATURE Signature, typed or printed n. me of registered agen, and title if applicable (NO E: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AN) DIRECTORS 12, 13. Change ☐ Addition ΤΙΤΙΈ DELETE 1.1 TITLE CRETUL, JIMMY 1.2 NAME NAME 3250 NW 68TH AVE 1.3 STREET ADDRESS STREET ADDRESS OCALA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE CRETUL, ROSE 2.2 NAME NAME 3250 NW 68TH AVE 2.3 STREET ADDRESS STREET ADDRESS OCALA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 31 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRE 3S 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 certify that the information supplied with the information 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 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 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 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 certification 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 certification indicated on this annual report or supplemental annual report is true.

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-90

352-629-5513 Daytime Phone # CR2E034 (11/98)

Zip Code

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