

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J54361 (7)
1. Corporation Name
JO'SHEE ENTERPRISES, INCORPORATED



Principal Place of Business
405 W. GEORGIA STREET
SUITE C
STARKE FL 32091
US

Mailing Address
405 W. GEORGIA STREET
SUITE C
STARKE FL 32091
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/26/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2782885	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORRIS, PATRICIA R 7054 DEER SPRINGS RD. KEYSTONE HEIGHTS FL 32656				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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 *Patricia R. Norris* 4-29-98
Signature typed or printed name of registered agent and filed if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE	President	Change	Addition
NAME	JOHNSON, HILDA D			1.2 NAME	Patricia R. Norris		
STREET ADDRESS	6768 OPA LAKE DR.			1.3 STREET ADDRESS	7054 Deer Springs Rd.		
CITY-ST-ZIP	MELROSE FL 32666			1.4 CITY-ST-ZIP	Keystone Heights, FL 32656		
TITLE	VP	DELETE		2.1 TITLE	Vice President	Change	Addition
NAME	NORRIS, PATRICIA R			2.2 NAME	Susan E. Christmas		
STREET ADDRESS	7054 DEER SPRINGS RD			2.3 STREET ADDRESS	1036 Rarford Rd.		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL			2.4 CITY-ST-ZIP	Starke, FL 32091		
TITLE	ST	DELETE		3.1 TITLE		Change	Addition
NAME	NORRIS, PATRICIA R			3.2 NAME			
STREET ADDRESS	7054 DEER SPRINGS RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656			3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 on an attachment with an address.

SIGNATURE: *Patricia R. Norris* 4-29-98 (904)964-8735

CR2E034 (10/97)