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

DOCUMENT # 1. Corporation Name

May 03, 1999 8:00 am Secretary of State 05-03-1999 90019 028 ***150.00

CÚBCO, INC.							
Principal Place	of Business	Mailing Address			-	BIL GIBLE BIBLE GIO	IF \$1811 BIBIT IBBI
835 N BEACH ST % STANLEY E, JENKINS, JR.							
704 BIG TREE ROAD 704 BIG TREE ROAD 904 BIG TREE ROAD 905 SOUTH DAYTONA FL 32119-270				DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualifed		
		2a. Mailing Address		_	02/19/1987 4. FEI Number		Applied For
2. Principal Place of Business 21. 835 North Beach Street26 same					59-2777077	<u> </u>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
22 27				_	5. Certifcate of Status Desired	Fee	Required
City & State City & State					6. Election Campaign Financing		0 May Be
23 Daytona Beach, FL 28			Country		Trust Fund Contribution		d to Fees
Zip Country Zip 24 32114 25 29 30					This corporation owes the current year Personal Property Tax.	r Intangible ★★Yes	□No
24 321	9. Name and Address of Current	29 30 Registered Agent	<u>'\</u>		10. Name and Address of New Register		
-	5. Halle and Address of Carrent	<u></u>	81	Name			
JENKINS, STANLEY E. JR.				Street Addre	VE JENKINS ss (P.O. Box Number is Not Acceptable)		
704 BIG TREE ROAD			82	433_	Tarragona Way		
S DA	YTON FL 32119		83		,		
			84	City			p Code
.11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				Dayt			32114
office or r	edictored agent or both in the State Of	r Florida. Such change was autr	iorizea ov	the corporation	ration submits this statement for the purpos n's board of directors: I hereby accept the a	opointment as	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	•		9.99	1
SIGNATURE	Signature, typed or printed name of registered/agent	and title if applicable. (NOTE: Re	egistered Ager	nt signature required			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			Chang	ge
NAME	OCIVITIO, OTELLICITY.		1.2 NAME				
STREET ADDRESS	TOO TAITINGOTA TAT		1.3 STREET				
CITY-ST-ZIP	E DELETE		1.4 CITY-S	1-2119		Chang	ge Addition
NAME			2.2 NAME				_
STREET ADDRESS	JENNING, STANLLT L. ON		2.3 STREET	TADDRESS			
CITY-ST-ZIP	DANGER DELONER		2. 4 CFTY-S	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			Chang	ge Addition
NAME	JENKINS, STANLEY E JR 32N		3.2 NAME	•			
STREET ADDRESS	704 BIG TREE ROAD			TADDRESS			
CITY-ST-ZIP	SOUTH DAYTONA FL	DELETE	3.4. CITY-S 4.1 TITLE	ST-ZiP		Chang	ge Addition
TITLE		CT DECEIE	4.1 IIILE 4. 2 NAME			_ Griding	,
NAME STREET ADDRESS			L	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		DELETE	5.1 TITLE			Chang	ge Addition
NAME			5.2 NAME				
STREET ADDRESS			_	TARROTOR I			
CITY-ST-ZIP			5.3 STREE				
		<u> </u>	5.4 CITY-S				Addition
TITLE		☐ DELETE	5.4 CITY+S 6.1 YITLE			Chang	ge Addition
TITLE NAME STREET ADDRESS		(DELETE	5.4 CITY-S 6.1 TITLE 6.2 NAME			Chang	ge Addition

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 attactiment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

904-254-2706