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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J60235

(5)

J. R.'S SUNSET, INC.

FILED Apr 28 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | - I TODILITE OLIO BHAN ODAID INGOD IIIGE DIIN BIDAL DIDI | , BIDIN DIQEN BABAN DER |) | |
|---|-------------------------|---------------------|-----------|---|--|-------------------------|----------|--|
| 15924 U.S. HIGHWAY 301 N 15924 U.S. HIGHWAY 301 N DADE CITY FL 33526 DADE CITY FL 33526 | | | N | | DO NOT WRITE IN THIS | SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | | ****** | |
| | | | | | 03/02/1987 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | | | |
| 21 | | 26 | | 59-2852152 | Not Applicable | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 6. | | | | |
| City & State | | Criy & State | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | |
| Ζίρ | | | Countr | У | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | 25 | | 30 | | | Yes 🔲 N | 4o . | |
| g. Name and Address of Current Registered Agent | | | | Name | 10. Name and Address of New Registered Agent | | | |
| MANDISH, JAMES R | | | | | | | | |
| 4800 LAKE JULIANA RESERVE | | | 87 | Street Addr | ess (P.O. Box Number is Not Acceptable) | | | |
| AUBURNDALE FL 33823 | | | ļ | ļ | | | | |
| | | | 83 | ' | | * | | |
| | | | 84 | City | FI | 85 Zip Coo | de | |
| Table Table | | | | | | | | |
| 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) DATE | | | | | | | | |
| 12. | OFFICERS AN | | | laur signatora redon | ADDITIONS/CHANGES TO OFFICERS AN | DIRECTORS | N 12 | |
| TITLE | PD | DELETE | 1.1 TITLE | | 110011010101111100010 10 01710010741 | | Addition | |
| NAME | MANDISH, JAMES R | | 1.2 NAME | i | | | 1 | |
| STREET ADDRESS | 4800 LAKE JULIANA DRIVE | | | T ADDRESS | | | | |
| CITY-ST-ZIP | AUBURNDALE FL 33823 | | 1.4 CITY- | ST- ZIP | | | | |
| TITLE | VS | DELETE | 2.1 TITLE | | | Change | Addition | |
| NAME | MANDISH, BRUCE B | | 2.2 NAME | Ì | | | ì | |
| STREET ADDRESS | 1651 SIR HENRY'S TRAIL | | 2.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | LAKELAND FL 33809 | | 2. 4 CITY | ST-ZIP | | | | |
| TITLE | MTD | DELETE | 3.1 TITLE | | | Change [| Addition | |
| NAME] | MANDISH, JOHN | | 3.2 NAME | | | | Ì | |
| STREET ADDRESS | 3225 CROSS FOX DRIVE | | 3.3 STR | T ADDRESS | | | | |
| CITY-ST-ZIP | MULBERRY FL 33860 | | 3.4. CIT | ST-ZIP | | | | |
| TITLE | | DELETE | 4.1 TITI | | | Change | Addition | |
| NAME | | | 4. 2 NA | | | | ĺ | |
| STREET ADDRESS | | | 4.3 STF | I ADDRESS | | | - 1 | |
| CITY-ST-ZIP | | | 4.4 CIT | ST-ZIP | | | | |
| TITLE | | DELETE | 5.1 TII | | | Change | Addition | |
| NAME | | | 5.2 NA | | | | | |
| STREET ADDRESS | | | 5.3 ST | ADDRESS | | | ļ | |
| CITY-ST-Z#P | | | 5.4 CIT | ST-ZIP | | | | |
| TITLE | | DELETE | 6.1 TITE | | | Change | Addition | |
| NAME | | | 6.2 NAN | | | | | |
| STREET ADDRESS | | | 6.3 STRE | T ADDRESS | | | i | |
| CITY-ST-ZIP | | | 6.4 CITY | ST-ZIP | | |] | |

14. Thereby 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 is rupplemental 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 orporation or the row further compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed open an attachment with an address.

SIGNATURE:

941-425-4440