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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90128 018 \*\*\*150.00

## DOCUMENT # J86268 1. Corporation Name

	ENTERPRISES OF JACKSC	JNVILLE, INC.										
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				) (Målitin blas tasta att	B SIBIU BÜÜ	ıı (BIL <b>S</b> LBI) <b>L</b>	1811 91911 91	<b>#11 618</b> 1	ii <b>318</b> 11 1 <b>361</b>
245 N LANE AV	/E	245 N LANE AVE										
JAX FL 32254 JAX FL 32254							חס אני	T WDIT	E IN THIS	SPACE		
US US							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
						-	07/30/1987	<b></b>				1
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number				Appli	ed For
21		26					59-2828159				Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status De	cirod		\$8.7	<b>5</b> Ad	ditional
22		27					5. Certificate of Status De			Fee	Requ	uired
City & Stat	e	City & State					6. Election Campaign Fin	ancing				ay Be
23		28					Trust Fund Contribution				ed to	Fees
Zip	Country	Zîp		untry			8. This corporation owes		nt year Int		г	]No
24	25	29	30	· -			Personal Property Tax.  10. Name and Address o		aictored	☐ Yes		INO .
	9. Name and Address of Curren	nt Registered Agent		81	Name		10. Name and Address o	I MAM K	gistered	Agent	_	
TAN	NER, RUSSELL E											
	N LANE AVE			82	Street A	Address	(P.O. Box Number is Not	Acceptat	ole)			
	FL 32254			83			- voit					
<b></b>												
				84	City				FL	85 Z	ip Co	de
agent. I a	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, Fk	orida Sta	tutes.	ine corpo	// duto// c	, podra o, ali bolorer i meres	,				
SIGNATURE	Signature, lyped or printed name of registered age	nt and title if applicable. (NOT	E: Registere	id Agent	signature re	equired wh	nen reinstating)	<del></del>	DATE			
	Signature, typed or printed name of registered ages OFFICERS AN		E: Registere	<del></del>	signature re		ADDITIONS/CHANGES	TO OFF				S IN 12
12.		nt and title if applicable. (NOT ID DIRECTORS	13.	<del></del>	signature re	equired w	ADDITIONS/CHANGES	TO OFF		ND DIREC		S IN 12
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 T		signature re		ADDITIONS/CHANGES	TO OFF				
12. TITLE	OFFICERS AN	ID DIRECTORS	13. 1.1 T 1.2 N	TITLE	appress		ADDITIONS/CHANGES	TO OFF				
12. TITLE NAME	OFFICERS AN DVT TANNER, RUSSELL E	ID DIRECTORS	13. 1.1 T 1.2 M 1.3 S	TITLE	ADDRESS		ADDITIONS/CHANGES	TO OFF		Chan	ge	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AN DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD	ID DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C	TITLE NAME STREET	ADDRESS		ADDITIONS/CHANGES	TO OFF			ge	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R	ID DIRECTORS	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T	TITLE NAME STREET CITY-ST	ADDRESS		ADDITIONS/CHANGES	TO OFF		Chan	ge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE	ID DIRECTORS	13. 1.1T 1.2M 1.3S 1.4 C 2.1T	TITLE VAME STREET CITY-ST TITLE VAME	ADDRESS		ADDITIONS/CHANGES	TO OFF		Chan	ge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R	DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 4	NAME STREET CITY-ST TITLE NAME STREET CITY-ST	ADDRESS - ZIP ADDRESS		ADDITIONS/CHANGES	TO OFF		□ Chan	ge	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE	ID DIRECTORS	13. 1.1T 12N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44	AME STREET CITY-ST TITLE WAME STREET CITY-ST	ADDRESS - ZIP ADDRESS		ADDITIONS/CHANGES	TO OFF		Chan	ge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE	DELETE	133 1.1 T 1.2 M 1.3 S 1.4 G 2.1 T 2.2 M 2.3 S 2.4 U 3.1 T 3.2 M	VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE VAME	ADDRESS -ZIP ADDRESS T-ZIP		ADDITIONS/CHANGES	TO OFF		□ Chan	ge	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE	DELETE	13 1.11 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 4 3.1 T 3.2 M 3.3 S	NAME STREET CITY-ST TITLE VAME STREET CITY-SI TITLE VAME STREET	ADDRESS - ZIP  ADDRESS T- ZIP  ADDRESS		ADDITIONS/CHANGES	TO OFF		□ Chan	ge	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE	DELETE  DELETE	133 1.11 1.2 M 1.3 S 1.4 G 2.1 T 2.2 M 2.3 S 2.4 U 3.1 T 3.2 M 3.3 S 3.4 U	NAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE VAME STREET	ADDRESS - ZIP  ADDRESS T- ZIP  ADDRESS		ADDITIONS/CHANGES	TO OFF		☐ Chan	ge	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE	DELETE	133 1.1 T 12N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 4 3.1 T 3.2 N 3.3 S 3.4.4	NAME STREET CITY-ST TITLE WAME STREET CITY-S1 TITLE WAME STREET CITY-S1 TITLE TITLE TITLE TITLE TITLE	ADDRESS - ZIP  ADDRESS T- ZIP  ADDRESS		ADDITIONS/CHANGES	TO OFF		□ Chan	ge	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE	DELETE  DELETE	133 1.1T 12N 1.3S 146 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.1	TITLE  VAME  STREET  STREET  STREET  STREET  STREET  CITY-ST  ST  STREET  CITY-ST  ST  ST  ST  ST  ST  ST  ST  ST  ST	ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP		ADDITIONS/CHANGES	TO OFF		☐ Chan	ge	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE	DELETE  DELETE	133 1.1T 1.2M 1.3S 1.4 C 2.1T 2.2M 2.3S 2.44 3.1T 3.2M 3.3S 3.4. 4.1T 4.21 4.3S	TITLE  VAME  STREET  CITY-ST  TITLE  VAME  STREET  CITY-SI  TITLE  VAME  STREET  TITLE  NAME  NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		ADDITIONS/CHANGES	TO OFF		☐ Chan	ge	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE	DELETE  DELETE  DELETE	133 1.1T 1.2M 1.3S 1.4C 2.1T 2.2M 2.3S 2.44 3.1T 3.2M 3.3S 3.4. 4.1T 4.24 4.3S 4.4C	. TITLE VAME STREET STREET STREET STREET CITY-ST STREET CITY-ST STREET CITY-ST STREET CITY-ST STREET NAME STREET CITY-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		ADDITIONS/CHANGES	TO OFF		☐ Chan	ge ge	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE	DELETE  DELETE	133 1.1T 12N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.1 4.1T 4.21 4.3S 4.4C 5.1T	TITLE  VAME  STREET  CITY-ST  TITLE  VAME  STREET  CITY-SI  TITLE  VAME  STREET  TITLE  NAME  NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		ADDITIONS/CHANGES	TO OFF		Chan	ge ge	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE JAX FL 32254	DELETE  DELETE  DELETE	133 1.1T 12N 1.3S 1.4G 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.4S 4.4T 4.21 4.3S 4.4G 5.1T 5.2N	TITLE  VAME  STREET  CITY-ST  TITLE  VAME  STREET  CITY-SI  TITLE  VAME  STREET  CITY-SI  TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		ADDITIONS/CHANGES	TO OFF		Chan	ge ge	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE JAX FL 32254	DELETE  DELETE  DELETE	133 1.1T 12N 1.3S 1.4G 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.4,1 4.1T 4.21 4.3S 4.4G 5.1T 5.21 5.38	TITLE  VAME  STREET  CITY-ST  TITLE  VAME  STREET  CITY-SI  TITLE  NAME  STREET  CITY-SI  TITLE  VAME  STREET  TITLE  VAME  STREET  TITLE  VAME  STREET	ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 2- ZIP  ADDRESS		ADDITIONS/CHANGES	TO OFF		Chan	ge ge	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE JAX FL 32254	DELETE  DELETE  DELETE	133 1.1T 1.2M 1.3S 1.4C 2.1T 2.2M 2.3S 2.44 3.1T 3.2M 3.3S 3.4.4 4.1T 4.20 4.3S 4.4C 5.1T 5.2M 5.3S 5.4C 6.1T	TITLE  VAME  STREET  STREET  CITY-ST  TITLE  VAME  STREET  CITY-SI  TITLE  NAME  STREET  CITY-SI  TITLE  VAME  STREET  CITY-ST  TITLE  VAME  STREET  CITY-ST	ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 2- ZIP  ADDRESS		ADDITIONS/CHANGES	TO OFF		Chan	ge ge	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TANNER, RUSSELL E 245 N LANE AVE JAX FL 32254 PD KRICHBAUM, CHRALES R 245 N LANE AVE JAX FL 32254	DELETE  DELETE  DELETE	133 1.1T 12N 1.3S 1.4C 2.1T 2.2N 2.3S 2.41 3.1T 3.2N 3.4S 4.4C 5.1T 5.2N 5.3S 5.4C 6.1T	TITLE  VAME  STREET  TITLE  VAME  STREET  CITY-ST  TITLE  VAME  STREET  CITY-ST  TITLE  VAME  NAME  STREET  CITY-ST  TITLE  VAME  NAME  STREET  CITY-ST  TITLE  VAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME	ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 2- ZIP  ADDRESS		ADDITIONS/CHANGES	TO OFF		Chan	ge ge	Addition Addition 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 attachment with an address, with all other like empowered.

**SIGNATURE:** 

OFFICER OR DIRECTOR

(904) 695-9880