PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K42247 1. Corporation Name

| J&JPA | ALMS, INC. | | | | | | | |
|---|--|-------------------------------|-----------|----------------|---|--|----------------------------------|---------------------------|
| Dringinal Place | of Rusiness | Mailing Address | | | | | | FIRM DIBNI JURI |
| | | | | | | | | |
| 1012 RAULERSON ROAD 1012 RAULERSON ROAD IMMOKALEE FL 34142 IMMOKALEE FL 34142 | | | | | | | | |
| US US | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | • | | | | | 3. Date Incorporated or Qualifed | | J |
| | | 1 - 27 | | | - | 10/31/1988 4. FEI Number | | -U-d Fas |
| | ace of Business | 2a. Mailing Address | | | | 1 " | | plied For t Applicable |
| 21 | # -4- | 26 Suite Ant # etc | | | | 65-0081136 | | Additional |
| Suite, Apt. #, etc | | | | \$ | | 5. Certificate of Status Desired | Fee Re | |
| 22 City & State | e | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Re |
| 23 | • | 28 | | | | Trust Fund Contribution | Added t | - 1 |
| Zip | Country | Zip | | Country | , | 8. This corporation owes the current year Ir | ıtangible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | Yes | Ĭ₽40 |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New Registered | Agent | |
| | | | | 81 | Name | | | |
| RAULERSON, JOHN | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 713 CALVIN AVE | | | | | | | | |
| LEHI | GH FL 33936 | | | 83 | | | | ļ |
| | | • | | 84 | City | | 85 Zip (| Code |
| | | | | | | FI | L | |
| l office or r | to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig | e of Florida. Such change was | ະສະຫາກດ | nzea ov | the corpor | orporation submits this statement for the purpose c ation's board of directors. I hereby accept the appora- | f changing its sintment as re | registered gistered |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered ag | | TE: Regis | | nt signature req | uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | ND DIDECTO | DS IN 12 |
| 12. | | AND DIRECTORS | | 13. | T | ADDITIONS/CHANGES TO OFFICERS A | Change | Addition |
| TITLE | DST IOUN | Doctor | | 1.2 NAME | | | | _ |
| NAME | RAULERSON, JOHN | | | | TADDRESS | | | |
| STREET ADDRESS | 713 CALVIN AVE. | | | 1.3 STREE | | • | | |
| CITY-ST-ZIP | LEHIGH ACRES FL | ☐ DELETE | _ | 2.1 TITLE | 11-212 | | ☐ Change | Addition |
| TITLE NAME | | | | 2.2 NAME | | | | |
| STREET ADDRÉSS | | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | ا بياه دير مدد سيست | ~ ~ | 2.4 CITY-S | 1 | الوالوالوال فالمستعدد المهاليمينات | | ÷ • ÷ |
| TITLE | | ☐ DELETE | _ | 3.1 TITLE | | | Change | ☐ Addition |
| NAME | | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 1 | | TADDRESS | | | İ |
| CITY-ST-ZIP | | | | 3.4. CITY-5 | ST-ZIP | | | |
| TITLE | | ☐ DELETE | _ | 4.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 1 | 4.3 STREE | TADORESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-5 | i | | | |
| TITLE | | ☐ DELETE | T | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | | 5.2 NAME | | | | 1 |
| STREET ADDRESS | | | 1 | 5.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-S | T-23P | | | |
| TITLE | | ☐ DELETE | | 6.1 TITLE | | | Change | Addition |
| L | 1 4 | | 1 | 6.2 NAME | í | | | |

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 supplied 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 comparation or the ecciver 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 chapted, or provide attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90125 013 ***150.00