

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90130 026 \*\*\*150.00

**DOCUMENT # K54519**

1. Corporation Name

**J. THORNEL CONSULTANTS, INC.**

Principal Place of Business

6815 ATLANTIC BLVD  
STE 3  
JACKSONVILLE FL 32221  
US

Mailing Address

BOX 40049  
JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/03/1989**

4. FEI Number

**59-2924418**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

**SINN, JAMES E**  
**2334 HOLLY LEAF LANE**  
**ORANGE PK FL 32073**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BAKER, GEORGE M**  
CITY-ST-ZIP **8311 LAWFIN ST N**  
**JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **SINN, JAMES E.**  
CITY-ST-ZIP **2334 HOLLY LEAF LANE**  
**ORANGE PARK FL**

TITLE ☐ DELETE  
NAME **PTD**  
STREET ADDRESS **BEDFORD, SHERRY L.**  
CITY-ST-ZIP **RT 4 BOX 0118**  
**CALLAHAN FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **WILLIAM J EDENS**  
CITY-ST-ZIP **6853 MERRILL RD**  
**JACKSONVILLE FL 32277**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **CAROLYN S PLEMMONS**  
CITY-ST-ZIP **307 CEDAR CREEK FARMS RD**  
**GLEN ST MARY FL 32040**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **3320 Flamingo Rd**  
3.4 CITY-ST-ZIP **Callahan, FL 32011**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 904-725-7770  
Date Daytime Phone #

CR2E034 (1/98)