

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

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L23298 (7)**  
 1. Corporation Name  
**JNB DEVELOPMENT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 472 DREAMA DR DAVENPORT FL 33837 US	Mailing Address 472 DREAMA DR DAVENPORT FL 33837 US
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3. Date Incorporated or Qualified  
**10/16/1989**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
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21	26	59-2973110	Not Applicable
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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23	28	24	25	29	30
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Zip	Country	Zip	Country
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3. Date Incorporated or Qualified	4. FEI Number	Applied For
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOANNE P. SNIDER  
 472 DREAMA DR  
 DAVENPORT FL 33837

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
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1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	SNIDER, JOANNE P.
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1.2 NAME	
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STREET ADDRESS	472 DREAMA DR
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1.3 STREET ADDRESS	
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CITY-ST-ZIP	DAVENPORT FL
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1.4 CITY-ST-ZIP	
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TITLE	D	<input type="checkbox"/> DELETE
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2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	BARTLEME, ROBERT
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2.2 NAME	
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STREET ADDRESS	7761 JEWEL LANE #202
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2.3 STREET ADDRESS	
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CITY-ST-ZIP	NAPLES FL
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2.4 CITY-ST-ZIP	
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TITLE	DS	<input type="checkbox"/> DELETE
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3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	NICDAO, CARMELITA O.
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3.2 NAME	
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STREET ADDRESS	2850 GRANADA BLVD
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3.3 STREET ADDRESS	
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CITY-ST-ZIP	KISSIMMEE FL
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3.4 CITY-ST-ZIP	
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TITLE		<input type="checkbox"/> DELETE
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4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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4.2 NAME	
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STREET ADDRESS	
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4.3 STREET ADDRESS	
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CITY-ST-ZIP	
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4.4 CITY-ST-ZIP	
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TITLE		<input type="checkbox"/> DELETE
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5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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5.2 NAME	
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STREET ADDRESS	
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5.3 STREET ADDRESS	
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CITY-ST-ZIP	
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5.4 CITY-ST-ZIP	
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TITLE		<input type="checkbox"/> DELETE
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6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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6.2 NAME	
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STREET ADDRESS	
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6.3 STREET ADDRESS	
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CITY-ST-ZIP	
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6.4 CITY-ST-ZIP	
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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.

SIGNATURE: *Joanne P. Snider, President* 1/28/98 9414247824

CR2E034 (10/97)