PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L87842

J.C.A., INC.

Principal Place of Business

Mailing Address

6158-15TH ST E BRADENTON FL 34203 US

2. Principal Place of Business

6158-15 ST E BRADENTON FL 34203

2a. Mailing Address

US

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90054 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

07/19/1990 4. FEI Number

65-0206515

21		20					00 0200010			
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired
City & State	e	~	ity & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution	Ш	Added	to Fees
Zip	Country	Z	ip	Cour	itry		8. This corporation owes the cur	rent year Int	angible	
24	25	29		30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	t Registe	red Agent				10. Name and Address of New	Registered .	Agent	
				1	81	Name				
WILCOX, DAVID W 308 13TH ST W BRADENTON FL 34205					82	Stroot Addre	ee (D.O. Boy Number is Not Accent	able)	····· · · · ·	
					82 Street Address (P.O. Box Number is Not Acceptable)					
					83					
				L	_				11 -	
					84	City		FL	85 Zip	Code
11 Dursuant	to the provisions of Sections 607.0502	2 and 607	1508 Florida Statute	s the ab	ove	-named corpo	ration submits this statement for the	purpose of	changing its	registered
office or r	egistered agent or both in the State (	of Floorida to	Such change was at	ıtnonzea	DV I	ine corboratior	n's board of directors. I hereby acce	pt the appoi	ntment as re	egistered
agent. I a	m familiar with, and accept the obligat	ions of, S	ection 607.0505, Flor	ida Statu	tes.					i
SIGNATURE	Signature, typed or printed name of registered agen	A a sist is	policable (NOTE:	Panistared :	Aneni	t signature required	when reinstating)	DATE		<del></del>
12.	OFFICERS AN			13.	· · · · · · · · · · · · · · · · · · ·	olgridio o roqui oo	ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECT	ORS IN 12
TITLE	P	<u> </u>	☐ DELETE	1.1 717	LE.				☐ Change	☐ Addition
NAME	CANNON, JOHN			1.2 NA	MF					
	5712 MANATEE AVENUE WEST	r				ADDRESS				ĺ
STREET ADDRESS	BRADENTON FL									
CITY-ST-ZIP	TS		☐ DELETÉ	1.4 CIT 2.1 TIT	_	-217			Change	Addition
	· -			2.2 NA						_
NAME	COHENOUR, FAY					ADDRESS				
STREET ADDRESS	-5712 manatee avenue west Bradenton Fl		-	2.4 CI						
CITY-ST-ZIP	BRADENIUN FL		☐ DELETE	3.1 TIT		1-ZIP			☐ Change	Addition
TITLE			- Section							_ i
NAME				3.2 NA						
STREET ADDRÉSS						ADDRESS				1
CITY-ST-ZIP			☐ DELETE	3.4. CI		T-ZIP			Change	Addition
TITLE			□ here≀e	4.1 TITI						
NAME				4. 2 NA						
STREET ADDRESS						ADDRESS				
CiTY-ST-ZIP			□ perete	4.4 CIT		-ZIP			Change	☐ Addition
TITLE			☐ DELETE	5.1 TIT					□ ouanâe	
NAME				5.2 NA		ADDRESS				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			D. 6	5.4 CIT		r-ZIP			[]Chance	Addition
TITLE			☐ DELETE	6.1 TIT					Change	
NAME				6.2 NA						
STREET ADDRESS				B .		ADDRESS				;
CITY-ST-ZIP				6.4 CIT						
14 Lhoroby	certify that the information supplied with	th this filin	a does not qualify for	the ever	nnti	on stated in Si	ection 119 07(3)(i) Florida Statutes	. I further cea	tity that the	information

4. 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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TOWN CANNOT

4-26-99

Daytime Phone #

;R2E034 (11/98)