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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M82634



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90173 007 \*\*\*150.00

J. R. BORDA, INC. Mailing Address Principal Place of Business 4925 CROSS BAYOU BLVD 4925 CROSS BAYOU BLVD P O BOX 1176 P O BOX 1176 DO NOT WRITE IN THIS SPACE **NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652** 3. Date Incorporated or Qualifed 05/25/1988 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business **NOT APPLICABLE** Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Zip Country This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BORDA, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 4925 CROSS BAYOU BLVD **NEW PORT RICHEY FL 34652** 83 85 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ DELETE 1.1 TITLE Change TITLE BORDA, JOSEPH R. 1.2 NAME NAME 4925 CROSS BAYOU BLVD... 1.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL** 1.4 CITY+ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE MOUNTAIN, MARGARET 2.2 NAME NAME 4925 CROSS BAYOU BLVD. 2.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP C(TY-ST-Z)P Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

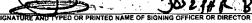
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



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