**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90153 014 \*\*\*150.00

1999 DOCUMENT # M89076

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J.P. RIN	G, INC.						T (BAIGBOIL AB) TÀINE TOUR GRAIT PREIF BITT BIRTH T	IDI# PEGE	0(8): 6:0	CH 6488 (88)	
Principal Place	e of Business	Mailing Address					g 100:0001 (es tolin inili gület tonin bitt mint b	1911 9181	1 61011 711	#11 #1#11   ##1	
115 VIRGINIA A	N/E	1112 W HILLCREST DI	R								
COCOA FL 32922 COCOA FL 32922							DO NOT WRITE IN THIS SPACE				
US		US				3	Date Incorporated or Qualifed				
						"	07/11/1988				
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number		Appi	lied For	
21		26				ļ	59-2900407		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired		. <b>75</b> Ad ee Req	iditional uired	
City & State		City & State					Election Campaign Financing		.00 N		
23	<del>0</del>	28				0.	Trust Fund Contribution		ided to		
Zip	Country	Zip	Co	untry		8.	This corporation owes the current year Int		, .	4	
24	25	29	30				Personal Property Tax.	☐ Ye	s )	ÎΝο	
•	9. Name and Address of Curren	t Registered Agent		١.,		10.	Name and Address of New Registered	Agent			
5001	S. H. ISTELL A.			81	Name						
RING, JUDITH A.					Street Ad	dress (P	P.O. Box Number is Not Acceptable)			_	
1112 WEST HILLCREST DRIVE										_	
COU	OA FL 32922			83							
				84	City		FL	85	Zip Co	ode	
11 Purcuant	to the provisions of Sections 607 050	12 and 607 1508 Florida S	tatutes, the	Ll above	-named co	rporation	a submite this statement for the number of	changi	ing its n	egistered	
office or r	egistered agent, or both, in the State	of Florida. Such change w	as authorize	d by	the corpora	ition's bo	pard of directors. I hereby accept the appoi	ntment	as regi	istered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505	, Piorida Sia	ilules.	•						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	NOTE: Registere	ed Agen	t signature requ	ired when r	einstating) DATE				
12.		ID DIRECTORS	13	. <u>.                                   </u>			ADDITIONS/CHANGES TO OFFICERS A	ID DIR	ECTOF	RS IN 12	
TITLE	D	☐ DELET	E 1.1	TITLE				CH	nange	☐ Addition	
NAME	RING, JAMES P.		1.21	VAME	'						
STREET ADDRESS	A A A A A A A A A A A A A A A A A A A		1.3	STREET	ADDRESS						
City+ST-ZIP	COCOA FL		1.4 (	CITY-\$1	r-ZIP		<u></u>			_	
TITLE		☐ DELET		TITLE				□ Cł	ange	☐ Addition	
NAME			2.21	MAME							
STREET ADDRESS			2.3	2.3 STREET ADDRE							
CITY-ST-ZIP			2. 4	2. 4 CITY-ST							
TITLE	च । हर <b>े से न सर</b> राज्यक	DELET	E 3.1	3.1 TITLE			<del>.</del>	☐ Ch	ange	Addition	
NAME			3.21	NAME							
STREET ADDRESS	1		3.3	STREET	ADORESS						
CITY-ST-ZIP	}		3.4.	CITY-S	T-ZIP				<del></del>		
TITLE		☐ DELET	E 4.1	TTLE				□ CI	nange	☐ Addition	
NAME			4. 2	NAME							

6.4 CITY-ST-ZIP 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 attacyment with an address with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Change

☐ Change

Addition

Addition