

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90023 014 ****61.25

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1. Corporation Name

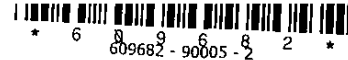
J.U.T.E., INC.

Principal Place of Business

9616 MCNORTON RD.
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

P.O. BOX 680513
ORLANDO FL 32868-0573



2. Principal Place of Business

21 4616 Mc Norton Rd.

Suite, Apt. #, etc.

22 Altamonte Springs

City & State

23 FL

Zip

24 32714

Country

25 Seminole

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

04/30/1993

4. FEI Number

59-3180461

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

9. Name and Address of Current Registered Agent

DOPSON, JUDY
2299 OSH KOSH COURT
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name

Judith Shealey

82 Street Address (P.O. Box Number is Not Acceptable)

83 1721 Burnham St.

84 City

Orlando

FL

85 Zip Code

32808

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Judith Shealey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/20/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
JOHNSON, KIRK
STREET ADDRESS 6435 JACKWOOD COURT
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ DELETE

NAME EXD
WALLACE, TESSA E
STREET ADDRESS 2712 UK CIRCLE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ DELETE

NAME D
JOHNSON, OMEGA
STREET ADDRESS 6435 JACKWOOD COURT
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 617, 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:

Tessa E. Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 (407)296-5110 x221

Date

Daytime Phone #

CR2E037 (11/98)

0076675