

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05834** (7)

1. Corporation Name

JOHN F. JORDAN SERVICE CO., INC.

Principal Place of Business

**2820 S. ENGLISH STATION ROAD
P O BOX 99535
LOUISVILLE KY 40269
US**

Mailing Address

**2820 S. ENGLISH STATION ROAD
P O BOX 99535
LOUISVILLE KY 40269
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JORDAN, JOHN F. SR.	
STREET ADDRESS	3508 WILDERNESS TRAIL	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	JORDAN, JOHN	
STREET ADDRESS	4805 DOE SPRING CT.	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JORDAN, MARK A.	
STREET ADDRESS	2812 EVERGREEN WYNDE	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	JORDAN, PAUL D.	
STREET ADDRESS	418 KAELEN DR	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, NANCY L	
STREET ADDRESS	3508 WILDERNESS TRAIL	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000002650930
-09/29/98--01014--006
***150.00

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.

FILED
Sep 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1985

4. FEI Number

61-0973627

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

CR2E034 (5/98)

JOHN F. JORDAN

OFFICE (502) 267-8344
TELEFAX (502) 267-8379

Service Co. Inc.

Vapor Recovery Service

(2)

September 16, 1998

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

I am responding to the notice which I recently received from your office regarding the 1998 Profit Corporation Annual Report Packet for John F. Jordan Service Co., Inc.

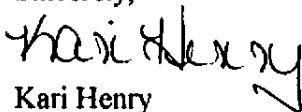
The notice refers to a lack of filing the 1998 annual report as of June 5, 1998. In our defense, we have no record of receiving the original notice required to be filed prior to June 5, 1998. When we became aware of the lack of filing, we immediately notified the Division of Corporations, who in turn told us to file the second notice, pay the \$150 combined annual report and corporation supplemental fee and submit a letter documenting why the annual report was filed late.

It should also be noted that from the period January 31, 1998 through May 31, 1998 our Corporation was without a Controller, therefore certain items of importance could have been overlooked during this time frame. We apologize for any inconvenience this may have caused and we are working toward preventing any further complications in the future.

Should you have any questions, feel free to call our office.

Thank you for your time and attention regarding this matter.

Sincerely,



Kari Henry
Controller