FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1997 **DOCUMENT #**

P92000005492 (3)

1. Corporation Name JOPA ENTERPRISES, INC

Principal Place of Business THAT OF CADDECC LAKE OF Mailing Address

TIME OF AVANCAN LAKE OF

FILED May 06 1997 8:00am Secretary of State



FT. MYERS FL 33907			FT. MYERS FL 33907			
					3. Date incorporated or Qualified 11/16/1992	3a, Date of Last Recort 05/31/199
2. Principal Place of Business		2a. Malling Address	2s. Malting Address		4. FEI Number APPLICABLE	Applied For
21		26	26		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc		Sulte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	¬ '		6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to rees
Zip	Country	Zip	Count	ry	8. This corporation has liability for it Florida Statutes Yes	
24	25 9. Name and Address of C	Urrent Registered Agent	30		Fiorida Statutes Yes 10. Name and Address of New R	
	9. Haille Bild Addites Of C	milett Hedistelen Matit	8	1 Name	IV. 198110 SILO AGGISSO OL 1104 FE	phistered wheter
LUNDO	QUIST, VERNON		Ľ			
	11 CYPRESS LAKLE DR.		8	2 Street A	Address (P.O. Box Number is Not Acceptable	e)
	/ERS FL 33907		8	3		
1 1. 777	ICHO I E 00901		*	"		
•			8	4 City		FL 85 Zip Code
11. Pursuant l or register familiar wi	to the provisions of Sections 607 red agent, or both, in the State of th, and accept the obligations of,	.0502 and 607.1508, Florida Sta Florida. Such change was autho Section 607.0505, Florida Statu	tutes, the above orized by the courses.	named corporation's	rporation submits this statement for the pur board of directors. I hereby accept the appo	oose of changing its registered office intraent as registered agent. I am
SIGNATURE	Signature, typed or pricted name of registers	d scent and title if andicable	/NOTE: Registered Ar	ant signature re	aquired when reinstating)	DATE
12.		S AND DIRECTORS	13.	on, againton	ADDITIONS/CHANGES TO OFFI	
TITLE	ן ס	☐ DELETE	1. 1 T(T)	Ε	D-P	Change Addition
NAME	LUNDQUIST, VERNON		1.2 NAM	ε	BOENDA TON BOOK	
STREET ADDRESS	PO BOX 7212 N/A			ET ADDRESS	10265 GANOV BI	VD #1316
CITY-ST-ZIP	FT. MYERS FL 33911		1.4 CITY		BRENDA JOY GOOD 10265 GANDY BY ST. PETERS BURG,	FL 33702
TITLE		DELETE	2. 1 TITL		D	Change Addition
NAME			2.2 NAM	۱ ، ۱	DATI KADEN CRITY	FAIRFA
STREET ADDRESS				" Et address	PATI KAREN CRITT	LN
CiTY - ST - ZiP			2.4 CITY		TEXARKANA, TX	75503
TITLE		DELETE	3. 1 T/TL		12/AINBAIL	☐ Change ☐ Addition
NAME		_	3.2 NAM	1		
STREET ADDRESS				EET ADDRESS		
CITY - ST - ZIP			3.4 CITY			
TiTLE		☐ DELETE	4. 1 TITL			Change Addition
NAME			4.2 NAM			- -
STREET ADDRESS				ET ADDRESS		4
CITY-ST-ZiP				- ST-ZIP		// / ,
TITLE		DELETE	5 1 TITL			Change Addition
NAME		—	5 2 NAM			1 6/7/20
STREET ADORESS				ET ADDRESS		11/1/4
CITY-ST-ZIP	-		5.4 CITY			NITY
TITLE		DELETE	6. 1 TITL			Change Addition
NAME		had	6.2 NAM		10000217	7 9 261
STHEFT ADDRESS				ET ADDRESS	10000217 -05/15/97010	08019
CHY-ST-ZIP			6.4 CITY		***165.00	
14. I do hereb	by certify that the information sup-	plied with this filing is voluntarily t			lify for the exemption stated in Section 119.	07(3)(k), 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN