

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90048 037 \*\*\*150.00

DOCUMENT # P92000005492

1. Corporation Name

JOPA ENTERPRISES, INC.



Principal Place of Business

Mailing Address

7101-31 CYPRESS LAKE DR.  
FT. MYERS FL 33907

7101-31 CYPRESS LAKE DR.  
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1992

2. Principal Place of Business

2a. Mailing Address

21 12951 METRO PKWY

26 P.O. BOX 7212

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #7

27

23 FORT MYERS, FL

28 FORT MYERS, FL

Zip Country

Zip Country

24 33912 25 LEE

29 33911 30 LEE

4. FEI Number

NOT APPLICABLE

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUNDQUIST, VERNON  
7101-31 CYPRESS LAKE DR.  
FT. MYERS FL 33907

81 Name

LUNDQUIST, VERNON

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

12951 METRO PKWY

83

METROPOLIS CENTER SUITE #7

84 City

FORT MYERS, FL

85 Zip Code

33912

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 VERNON LUNDQUIST

(NOTE: Registered Agent signature required when reinstating)

4-9-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME GOODING, BRENDA J  
STREET ADDRESS 10265 GANDY BLVD #1316  
CITY-ST-ZIP ST. PETERSBURG FL 33702

☐ DELETE

TITLE D  
NAME CRITTENDEN, PATI K  
STREET ADDRESS 3010 BRITTANY LN  
CITY-ST-ZIP TEXARKANA TX 75503

☐ DELETE

TITLE D  
NAME LUNDQUIST, VERNON  
STREET ADDRESS 7101-31 CYPRESS LANE DR.  
CITY-ST-ZIP FT. MYERS FL 33907

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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.

SIGNATURE: VERNON LUNDQUIST 4-9-99 941-561-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)