

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000007655 (3)

1. Corporation Name

J & P HOLDING, INC.



Principal Place of Business

Mailing Address

C/O BORDEN HALLOWES
1409 KINGSLEY AVENUE
ORANGE PARK FL 32073
US

C/O BRODENT HALLOWES
1409 KINGSLEY AVENUE
ORANGE PARK FL 32073
US

3. Date Incorporated or Qualified

11/24/1992

3a. Date of Last Report

08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 90 John L. Schnorr

26 90 John L. Schnorr

4. FEI Number

59-3153506

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1471 Neptune Drive

27 1471 Neptune Drive

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

City & State

23 BOYNTON BEACH FL

28 BOYNTON BEACH FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

24 33426

25 USA

Zip

Country

29 33426

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALLOWES, BORDEN R
1409 KINGSLEY AVENUE
ORANGE PARK FL 32073

81 Name

Schnorr, John L. JR.

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

1471 NEPTUNE DRIVE

83

84 City

BOYNTON BEACH

FL

85 Zip Code

33426

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SCHNORR, JOHN L
STREET ADDRESS PO BOX 698
CITY-ST-ZIP WILLISTON FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SCHNORR, J P
STREET ADDRESS PO BOX 698
CITY-ST-ZIP WILLISTON FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 407-731-4555

Date

Daytime Phone

CR2E034 (12/95)