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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 01 1998 8:00am

Secretary of State

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DIVISION OF CORPORATIONS

DOCUMENT # P93000011087 (2)

JBECK INDUSTRIES, INC.

Principal Place of Business

12718 FOREST ST. 12718 FOREST ST. SUITE 200 SUITE 200 DO NOT WRITE IN THIS SPACE TAMPA FL 33612 **TAMPA FL 33612** 3. Date Incorporated or Qualified 02/12/1993 2. Principal Place of Business 2a, Mailing Address Applied For 59-3296695 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country Zip Country 8. This corporation owes or has paid the current year Intengible Yes □Ňo 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUNBAR, WILLIAM M. 13809 N. EDISON AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 **TAMPA FL 33613** City Zip Code 84 85 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 registried agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Change __ DELETE 1.1 TITLE Addition TITLE NAME DUNBAR, WILLIAM M. 1.2 NAME 13809 N. EDISON AVE. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE **PSTD** 21 TITLE ALFORD, DALE 2.2 NAME 196-20 ST. S.E. STREET ADDRESS 2.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TIBE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 City-St-ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

SIGNATURE: William 4-23-98 813-545-9757