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

PROFIT CORPORATION ANNUAL REPORT

1999

JIMMIE'S FLEA MARKET, INC.



DOCUMENT # P93000038291

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90179 019 ***150.00

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		HIIKI OOSII TOIDO		

Principal Place	of Business	М	ailing Address					i ilititati sin ihinu riisi neiii da	111 88 311 34 11	40 111 01 10112 11010	18187
RT 1 BOX 3329F MADISON FL 32340		RT 1 BOX 3329F MADISON FL 32340			DO NOT WRITE IN THIS SPACE						
			*				ŀ	3. Date Incorporated or Qualifed			
								05/27/1993			
2 Principal Pl	ace of Business	2a	. Mailing Address					4. FEI Number		Ap	plied For
 1	ace of business	26	. Maining Maarooo			_		- 59-3186718	•	Land	t Applicable
Suite, Apt. :	# etc -	- 20	Suite, Apt. #, etc.							\$8.75	
22	r, 000.	27	, - - ,					5. Certifcate of Status Desired		Fee Re	quired
City & State)		City & State					6. Election Campaign Financing		\$5.00	May Be
23	_ .	28					- {	Trust Fund Contribution		Added (to Fees
Zip	Country	'	Zip	Coun	itry			8. This corporation owes the curr	ent year l	ntangible	
24	25	29	30	0				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Regi	stered Agent					10. Name and Address of New I	Registere	d Agent	
	****				81	Name					\
	ANS, JIMMIE			-	82	Street Ad	dres	s (P.O. Box Number is Not Accepta	able)		
	BOX 3329F				\Box						
MAU	ISON FL 32340			ľ	83						
	-			-	84	City				85 Zip	Code
				- 1		•			F		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	of Flori	da. Such change was auti	iorizea	DV (-named co the corpora	orpora ation's	ation submits this statement for the s board of directors. I hereby accep	purpose of the app	of changing its ointment as re	gistered
SIGNATURE											{
	Signature, typed or printed name of registered ago			•	\gen1	signature requ	w beniu	hen reinstating)	DATE	AND DIDECTO	DC IN 12
12.	OFFICERS A	ND DIRI		13.	_			ADDITIONS/CHANGES TO OF	FICERS /	Change	Addition
TITLE	D BACANO HAMANE		☐ DELETE	1.1 TITL						onango	
NAME	RAGANS, JIMMIE			1.2 NAM							
STREET ADDRESS	RT 1 BOX 3329F					ADDRESS					
CITY-ST-ZIP	MADISON FL 32340		DELETE	1.4 CIT 2.1 TITL		-ZIP				Change	Addition
TITLE	D		DETELE								
NAME	RAGANS, LATRELLE		_ ~ - ~ 200 200 200 5	2.2 NAM		*DODEGO .		5	•		-
STREET ADDRESS	RT 1 BOX 3329F : 1 *	•				ADDRESS					1
CITY-ST-ZIP	MADISON FL 32340		☐ DELETE	2. 4 CIT 3.1 TITL		I-ZIP				Change	Addition
TITLE			[Decere	3.2 NA							_ (
NAME				1		ADDRESS					ļ
STREET ADDRESS						1					-
CITY-ST-ZIP			☐ DELETE	3.4. CIT 4.1 TITI		1-219		1.00		☐ Change	Addition
TITLE				4. 2 NA							_
NAME						ADDRESS					
STREET ADDRESS						į.					ļ
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CIT 5.1 TITI		-215				Change	Addition
NAME				5.2 NA		ŀ				•	
						ADDRESS					
STREET ADDRESS				5.4 CIT							{
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITI						☐ Change	Addition
				6.2 NA	WE	ľ				_ •	
NAME						ADDRESS					ļ
STREET ADDRESS				6.4 CIT							

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.