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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000056748 (5)

J. N. & ASSOCIATES, INC.

5752 12TH AVE NW

Principal Place of Business

Mailing Address

FILED May 06 1998 8:00am Secretary of State



NAPLES FL 3	1119	NAPLES FL 34119			DO NOT WEITE IN THE ADLES
US		US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					08/09/1993
2. Principal Pi	ace of Business	2a. Mailing Address _			4. FEI Number Applied For
216/25	Thresher De.	26 6017 Pine R	idae ƙ	1.#2	76 65-0430343 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	- 5- -		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23 NAPL	es FL	28 NAPLES	FL		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes or has paid the current year Intangible
24 34116	25 USA	29 34119-3956	30	USA	
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Registered Agent
COLEMAN, J M					
3174 E TAMIAMI TRAIL NAPLES FL 33962-5793				82 Street Address (P.O. Box Number is Not Acceptable)	
NAI	'LES FL 33902-3793		83		
			84	City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607 1508, Florida Statute	is, the abov	re-named c	proportion submits this statement for the purpose of changing its societies
onice or re	egi ste red agent, or both, in the State on fam iliar with, and accept the obligation	a Fiorida. Such change was at	umorizea b	v the corpo	pration's board of directors. I hereby accept the appointment as registered
SIGNATURE	and the divingal	1010 CI, OCONON GOT 10000, 1 101	noa biaidie		
	Signature, typed or printed name of registered agen		: Registered Aç	ent signature re	equired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1 1 TITLE	- 1	Change Addition
NAME	NEWBERRY, JOHN H		1.2 NAME	1.	(a.m. 6
STREET ADDRESS	5752 12TH AVE NW		4	T ADDRESS (WIT PINE RIDGE ROAD #276
CITY-ST-ZIP TITLE	NAPLES FL ST	DELETE	1.4 CITY-	S1 - ZIP	NAPLES , FL 34119-3956
NAME	NEWBERRY, KELLEE J		2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	5752 12TH AVE NW			ADDRESS	OUT PINE BIACO AND HOTE
CITY-ST-ZIP	NAPLES FL		2.4 CITY-	CT 710	0017 PINE RIDGE ROAD #276 NAPLES, FL 34119-3956
TITLE	THE COURT OF THE C	DELETE	3.1 TITLE	31-21	Change Add
NAME			3.2 NAME		
STREET ADDRESS	•		3.3 STREE	ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		DELETE	4.1 10TLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STRÉE	ADDRESS	
CITY-ST-ZIP			4.4 CITY - 3	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME OVERT ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET	- 1	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S	ST - ZIP	Change
NAME			61 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME	ADDOCCO	
CITY-ST-ZIP			6.3 STREET		
14. hereby ce	erlify that the information supplied with	this filing does not qualify for	6.4 City - 9	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or d	on this annual report or supplemental.	annual report is true and accur er or trustee empowered to ex	rate and th	at my signa	ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in