

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # P94000040893

1. Corporation Name

JANTIGUE, INC.

FILED

00 SEP 14 PM 4:20

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

QW

Principal Place of Business

1254 SW STARLITE COVE
PORT ST LUCIE FL 34986-2012
US

Mailing Address

1254 SW STARLITE COVE
PORT ST LUCIE FL 34986-2012
US

3. Date Incorporated or Qualified

05/26/1994

4. FEI Number

65-0498525

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.

☐ Yes ☐ No

2. Principal Place of Business

1791 SW Leafy Road

Suite, Apt. #, etc.

PORT ST LUCIE

City & State

FL

Zip 34953

Country

25

2a. Mailing Address

1791 SW Leafy Road

Suite, Apt. #, etc.

PORT ST LUCIE

City & State

Florida

Zip

34953

Country

30

9. Name and Address of Current Registered Agent

JOSEPH, MORRELL W
1254 SW STARLITE COVE
PORT ST LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name JOSEPH, MORRELL W.

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

1791 SW Leafy Road

83 Port St Lucie

84 City

FL

85 Zip Code

34953

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 Morrell JOSEPH W

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 9-11-00

12. OFFICERS AND DIRECTORS

TITLE D

NAME JOSEPH, MORRELL W

STREET ADDRESS 1254 SW STARLITE COVE

CITY-ST-ZIP PORT ST LUCIE FL 34986

TITLE VP

NAME JOSEPH, MARJORIE

STREET ADDRESS 1254 SW STARLITE COVE

CITY-ST-ZIP PORT ST LUCIE FL 34986

TITLE C

NAME BENNETT, LEROY

STREET ADDRESS 2101 VALENCIA AVE

CITY-ST-ZIP FT PIERCE FL 34946

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D

1.2 NAME JOSEPH, Morrell W

1.3 STREET ADDRESS 1791 SW Leafy Road

1.4 CITY-ST-ZIP Port St Lucie - FL 34953.

2.1 TITLE VP

2.2 NAME JOSEPH, Marjorie

2.3 STREET ADDRESS 1791 SW Leafy Road

2.4 CITY-ST-ZIP Port St Lucie - FL 34953

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

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.

SIGNATURE: MORRELL JOSEPH W

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8:27-00-561-342-1655

CR2E034 (5/99)

KE