

4/23/1999 9:10 AM

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90016 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000045164 1. Corporation Name J.R. Three, Inc.			
Principal Place of Business 1812 N. 17th Street Tampa, FL 33605		Mailing Address 1812 N. 17th Street Tampa, FL 33605	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 8044 Old County Road 54 Suite, Apt. #, etc. 22 Suite 7 City & State 23 New Port Richey, FL Zip 24 34653 Country 25		2a. Mailing Address 26 8044 Old County Road 54 Suite, Apt. #, etc. 27 Suite 7 City & State 28 New Port Richey Zip 29 34653 Country 30	
3. Date Incorporated or Qualified 06/16/1994		4. FEI Number 59-3256930	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Robbins Williams 8038 State Road 54 New Port Richey, FL 34653		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 7 84 City New Port Richey FL 85 Zip Code 34653	
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 <i>Robbins Williams</i> Robbins Williams 4-21-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD NAME Allison, Dennis STREET ADDRESS 1812 N. 17th Street CITY - ST - ZIP Tampa, FL 33605 <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME Allison, Dennis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.3 STREET ADDRESS 8044 Old County Road 54 Ste 7 1.4 CITY - ST - ZIP New Port Richey, FL 34653	
TITLE TD NAME Williams, Robbins STREET ADDRESS 1812 N. 17th Steeet CITY - ST - ZIP Tampa, FL 33605 <input type="checkbox"/> DELETE		2.1 TITLE TD 2.2 NAME Williams, Robbins <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS 8044 Old County Road 54 Ste 7 2.4 CITY - ST - ZIP New Port Richey, FL 34653	
TITLE SD NAME Williams, Michael STREET ADDRESS 1812 N. 17th Street CITY - ST - ZIP Tampa, FL 33605 <input type="checkbox"/> DELETE		3.1 TITLE SD 3.2 NAME Williams, Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS 8044 Old County Road 54 Ste 7 3.4 CITY - ST - ZIP New Port Richey, FL 34653	
TITLE CD NAME Williams, Bruce STREET ADDRESS 1812 N. 17th Street CITY - ST - ZIP Tampa, FL 33605 <input type="checkbox"/> DELETE		4.1 TITLE CD 4.2 NAME Williams, Bruce <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS 8044 Old County Road 54 Ste 7 4.4 CITY - ST - ZIP New Port Richey, FL 34653	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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, with all other like empowered.

SIGNATURE: *Robbins Williams* Robbins Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #