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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000053674 1. Corporation Name

JANELIST, INC.

Principal Place	e of Business	Mailing Address			t inditions to a lost or on some and a notification	ABIOL BILES ILIIO BILE I	(20)1 Atát tabi
65 N. "W" ST		6565 N. "W" ST.					
JITE 260		SUITE 260			DO NOT WORT IN	TUID ODACE	
ensacola fl	. 32505	PENSACOLA FL 32505			DO NOT WRITE IN	THIS SPACE	
S		US			3. Date Incorporated or Qualifed		}
					07/13/1994		
. Principal P	face of Business	2a. Mailing Address			4. FEI Number	 -	oplied For
il		26			59-3265665		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	**	Additional
2		27					equired
City & Stat	te ·	City & State		,	6. Election Campaign Financing		May Be
3		28		-	Trust Fund Contribution		to Fees
Zíp	Country	Zip		intry	8. This corporation owes the current ye	ear Intangible	Mo
<u> </u>	25	29	30	,	Personal Property Tax.		(ASINO
	9. Name and Address of Current	Registered Agent		94 Name	10. Name and Address of New Regist	tered Agent	
DAM	AND TURN Y			81 Name P	ANYKO, JOHN A		
PANYKO, JOHN A				82 Street Addr	ress (P.O. Box Number is Not Acceptable)	1000	
30 S. SPRING ST. PENSACOLA FL 32501					O SOUTH TARRAGE	NA SIR	
PEN	SACULA PL 32301			83			\ \
				84 City		85 Zip	Code
				$ \rho_E$	NSACOLA	FL 32	35 <i>0.</i> L.
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the a	hove-named corr	poration submits this statement for the number	ose of changing its	s registered
office or r	registered agent, or both, in the State o im familiar with, and accept the obligati	of Florida. Such change was ions of, Section 607,0505, Fl	autnorize Iorida Stat	d by the corporation	on's board of directors. I hereby accept the	аррошинен аз н	gistored
•	in lands that, and accept the stages	,					}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered	Agent signature require		ATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TILE	PTSD	☐ DELETE	1.1 T	TLE		☐ Change	☐ Addition
IAME	NASH, NEAL			AME			
TREET ADDRESS	ARAC MARKING OF OTE AND		1.2 N				1
XTY-ST-ZIP	6565 NORTH "W" ST.,STE. 260			TREET ADDRESS			ļ
TITLE	1		1.3 S				
	PENSACOLA FL	DELETE	1.3 S	ITY-ST-ZIP		☐ Change	Addition
MARKE	PENSACOLA FL CVD		1.3 S 1.4 C 2.1 T	TY-ST-ZIP		☐ Change	☐ Addition
AME	PENSACOLA FL CVD MARKS JR, J J		1.3 S 1.4 C 2.1 T 2.2 N	ITY-ST-ZIP TLE AME		Change	Addition
STREET ADDRESS	PENSACOLA FL CVD MARKS JR, J J 6565 NW ST STE 260		1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	ITY-ST-ZIP TLE AME TREET ADDRESS		Change	Addition
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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 of 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 entaging in a padges, with all other like empowered.

SIGNATURE:

STREET ADDRESS

813-484-7395

FILED Apr 23, 1999 8:00 am Secretary of State

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