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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075527 (9)

JULIAN L. AUSTIN, INC.

FILED May 21 1998 8:00am Secretary of State

Principal Piace	of Rusiness	Mailing Address					
39138 SHEFFEY LANE DADE CITY FL 33525		39138 SHEFFEY LANE DADE CITY FL 33525					
		• • • • • • • • • • • • • • • • • • • •			DO NOT WRITE	IN THIS SPACE	_
					3. Date Incorporated or Qualified		
n Dringingt Di	oo of Rusinoss	28, Mading Address			10/11/1994 4. FEI Number	Applied For	\dashv
2. Principal Place of Business		28, Waning Address			59-3265634	Not Applicab	ie el
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional	\dashv	
22		27		Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	4	
23		28			Trust Fund Contribution	Added to Fees	╝
Zip	Country	Zip	Cou	nlry	8. This corporation owes or has pai	–	
24	25	29	30		Personal Property Tax due June		_
	9. Name and Address of Curre	nt Hegisterea Agent		81 Name	10. Name and Address of New Rec	Istered Agent	\dashv
	STIN, JULIAN L			Marile			
	38 SHEFFEY LANE		Ţ	82 Street A	ddress (P.O. Box Number is Not Acceptable	e)	7
DAD	DE CITY FL 33525			83			\dashv
							╛
				84 City		FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the at	ove-патеd о	corporation submits this statement for the pi		ď
office or re	ogi ste red agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such ch ange wa s:	authorized	d by the corp	oration's board of directors. I hereby accep	the appointment as registered	
•	If ternial with, and accept the oring	pations of, Section 601,0303, 11	Officia Stat	ulos.			
SIGNATURE	Signature, typed or printed manie of registered ag	ent and trie if applicable (NO	E Ringistared	Agent signature r	equired when reinstating)	DATE	
12.	OF LICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		_]ģ
TITLE	D	☐ DELETE	1.1 10			Change Additio	n E
NAME	AUSTIN, JULIAN L		1.2 NA	ME			2
STREET ADDRESS	39138 SHEFFEY LANE		- 1	REET ADDRESS			Ų
CITY-ST-ZIP	DADE CITY FL 33525	DELETE		TY-ST-ZIP		Change Additio	<u>_</u> _}è
TITLE	D ALICTINI IANUOT T	·				ET cusude ET vanero	" `
NAME .	AUSTIN, JANICE F 39138 SHEFFEY LANE		2.2 NA				
STREET ADDRESS	DADE CITY FL 33525			REET ADDRESS			
CITY-ST-ZIP TITLE	DADE OIT TE 33320	DELETE	3 1 TIT			Change Additio	'n
NAME		—	3.2 NA			 	
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP				ITY - ST - ZIP			- [:
TITLE		DELETE	4.1 TI	TLE .		Change Additio	n
NAME			4.2 N	AME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TII	'LE		Change Additio	n
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			_
TITLE		☐ DELETE	6.1 111			☐ Change ☐ Additio	n
NAME			6.2 NA				
STREET ADDRESS				reet address			
CITY, CT. 7ID			6.4.00	TV_ST_7IP			- 1

14. Thereby 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 12 if changed, or only in attachment with an agriculture.

Block 12 of Block 12 if changes, of obtain attachment with all andress.

4/20/08 20-52-247