

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077632 (5)

1. Corporation Name

J.B.'S CLUB HOUSE, INC.

Principal Place of Business

Mailing Address

2767 W. STATE ROAD 434
LONGWOOD FL 32778

2767 W. STATE ROAD 434
LONGWOOD FL 32778-4880



2. Principal Place of Business

2a. Mailing Address

21 118 West Orange St
Suite, Apt. #, etc.

26 118 West Orange St.
Suite, Apt. #, etc.

22 SUITE 100

27 SUITE 100

23 Altamonte Springs FL
City & State

28 Altamonte Springs FL
City & State

24 32714 25
Zip Country

29 32714 30
Zip Country

3. Date Incorporated or Qualified

10/18/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3276422

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARILLO, MARY SUE
438 N DONNELLY ST
MT DORA FL 32757

81 Name
ORTIZ, MARY SUE

82 Street Address (P.O. Box Number is Not Acceptable)
438 N. DONNELLY STREET

83

84 City
MOUNT DORA FL 85 Zip Code
32757

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

Mary Sue Carillo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CARILLO, JOSEPH
STREET ADDRESS 438 N. DONNELLY STREET
CITY - ST - ZIP MT. DORA FL 32757

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME CARILLO, MARY SUE
STREET ADDRESS 438 N DONNELLY STREET
CITY - ST - ZIP MT DORA FL 32757

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

ORTIZ, MARY SUE
438 N. DONNELLY ST
MOUNT DORA, FL 32757

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

Mary Sue Carillo

Date

Daytime Phone #

3/8/97

CR2E034 (9/96)