Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90018 006 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000086052

1. Corporation Name

J. B. CO	urier Services, Incorp	ORATED									
Principal Place	of Business	Mailing Address				1	\$ 150 HOUR HE SELECTION OF THE SELECTION		• • • • • • • • • • • • • • • • • • • •		
14121 PEACE BLVD. 14121 PEACE BLVD.											
SPRING HILL FL 34610 SPRING HILL FL 34610						DO NOT WRITE IN THIS SPACE					
						-	Date Incorporated or Qualifed	3 01 ACE			
						3.	11/23/1994			{	
2 Drivering Di	ace of Business	2a. Mailing Address	_			 	FEI Number	117	Applie	d For	
·	ace of business	26. (Mailing Flodiess					59-3372015			plicable	
Suite, Apt. 7	# otc	Suite, Apt. #, etc.				\vdash		\$8.75			
22	27				5.	Certificate of Status Desired	Fee	Requir	ed		
City & State)	City & State				6.	Election Campaign Financing	\$5.0	0 ма	/ Be	
23	28					1	Trust Fund Contribution	Adde			
Zip				Country			This corporation owes the current year li	ntangible			
24	25 29 30			Personal Property T			Personal Property Tax.				
9. Name and Address of Current Registered Agent						10.	10. Name and Address of New Registered Agent				
			81	1	Name						
BOWSHER, JANET L				2	Street Addre	Address (P.O. Box Number is Not Acceptable)					
14121 PEACE BLVD				- Carotti taatoo (1 tot box (tallips. 15 tot) (downsol)							
SPRING HILL FL 34610				3							
				+	O25-			. 85 Zi	p Cod		
}.			84	•	City		F	L 65 2"	, 000	}	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was auth	iorized bi	v fr	named corpo he corporation	ratior n's bo	n submits this statement for the purpose of ard of directors. I hereby accept the app	of changing pintment as	its reg regist	istered ered	
SIGNATURE		A AND TE DO	mistered Age	ont :	signature required	when r	einstating) OATE			\	
Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.					signature required		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS	IN 12	
TITLE				1,1 TITLE				Chang		Addition	
NAME				1.2 NAME						į	
STREET ADDRESS				1.3 STREET ADDRESS							
				1.4 CITY-ST-ZIP							
CITY+ST-ZIP				2.1 TITLE				☐ Chang	e ſ	Addition	
NAME				2.2 NAME						-	
STREET ADDRESS	14121 PEACE BLVD.				2.3 STREET ADDRESS						
	OPPINIO LIB L. EL GAGAG			2.4 CiTY-ST-ZIP-						=	
CITY-ST-ZIP		□ DELETE	3.1 TITLE					Chang	je ľ	Addition	
ì i) to .		1	3.2 NAME				·		ľ	
NAME					ADDRESS						
STREET ADDRESS	14121 PEACE BLVD.										
CITY-ST-ZIP	SPRING HILL FL 34610	DELETE	3.4. CITY-		-ZIF			☐ Chang	je i	Addition	
I DILE 3			- T. 1								

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 comparation or the receipt of intrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address, with all other like empowered.

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

Change

☐ Addition

Addition