

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90051 033 \*\*\*150.00

DOCUMENT # P94000086678

1. Corporation Name

JNR PROPERTIES, INC.

Principal Place of Business

P O BOX 254  
CLERMONT FL 34712

Mailing Address

P O BOX 254  
CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

59-3296819

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7746 N. CHERRY LAKE GROVES RD

Suite, Apt. #, etc.

22 GROVELAND, FL

City & State

23 34736 USA

Zip Country

24 25

2a. Mailing Address

26 P O BOX 254

Suite, Apt. #, etc.

27 CLERMONT, FL

City & State

28 34712 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

RAMNARAIN, SUABI  
7746 N CHERRY LAKE GROVES RD  
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Suabi Ramnarain*

1-6-99

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 VP ☐ DELETE

NAME TUSSING, RICK  
STREET ADDRESS 10332 CLEAR LAKE DR  
CITY-ST-ZIP CLERMONT FL

TITLE P ☐ DELETE

NAME ANTONY, JOHN  
STREET ADDRESS 11130 CRESCENT BAY BLVD  
CITY-ST-ZIP CLERMONT FL 34712

TITLE S ☐ DELETE

NAME RAMNARAIN, SUABI  
STREET ADDRESS 7746 N CHERRY LAKE GROVES RD  
CITY-ST-ZIP CLERMONT FL

TITLE T ☐ DELETE

NAME D'OLIVERIA, JOSEPH  
STREET ADDRESS 21842 FIGUEROA ST  
CITY-ST-ZIP CARSON CA 90745

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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:

*Suabi Ramnarain*

1-6-99

352-439-4629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)