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 # P94000087916

1. Corporation Name

J. C. JORDAN, P.A.

Prin	cipal	Plac	e of	Busi	ness

Mailing Address

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

03-22-1999 90011 004 ***150.00



2227 BROOKHAVEN DRIVE SARASOTA FL 34239			2227 BROOKHAVEN DRIVE SARASOTA FL 34239			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified					
Principal Place of Business 2a. Mailing Address							12/05/1				
-		⊢ ¬	2a. Mailing Address				4. FEI Numb			_ 	plied For
Suite, Apt. #, etc.		26	-				65-0542	309			t Applicable
22		├ ~	Suite, Apt. #, etc.				5. Certifcate	of Status Desired		\$8.75	
City & State		27	City & State						Fee Re		
23		28	7			1	ampaign Financing	, D	\$5.00	,	
Zip Country			Zip Country				Contribution		Added t	o Fees	
24			·			1	ration owes the cu	rrent year Int	angible Ves	□No ·	
,	9. Name and Address of Curre						Property Tax. Address of New	Panietarad		UNO	
					81	Name	10. Huma and	Address of New	Kegistered	~go.ii.	
JORDAN, JOHN C				\Box	<u> </u>	·					
2227 BROOKHAVEN DRIVE			82 Street Address (P		ss (P.O. Box Nu	mber is Not Accep	table)				
SARASOTA FL 34239			83								
				1							
						City			FL	85 Zip 0	
i Ollice Oll	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obliga-	RDDOOL TO	SUCD change was at	ITROFTED	hv tr	named corpor ne corporation	ation submits the 's board of direct	is statement for the tors. I hereby acce	e purpose of ept the appoin	changing its	registered gistered
SIGNATURE											ì
					Agent s	signature required w			DATE		
12. TITLE	OFFICERS AI	ND DIREC		13.			ADDITIONS	CHANGES TO O	FFICERS AN		$\overline{}$
	JORDAN, JOHN C		☐ DELETÉ	1,1 TITL						☐ Change	Addition
NAME	2227 BROOKHAVEN DRIVE			1.2 NAM							
STREET ADDRESS						DORESS					
CITY-ST-ZIP TITLE	SARASOTA FL 34239		O 55: 575	1.4 CIT		ZIP					
	-		☐ DELETE	2.1 TTT						☐ Change	Addition
NAME	JORDAN, BETTY M 2227 BROOKHAVEN DRIVE	, `•		2.2 NAA				_			- ·
STREET ADDRESS	SARASOTA FL 34239					DDRESS					
CITY-ST-ZIP	SANASUIA FL 34239		Constant	2.4 CIT		ZIP					
TITLE			☐ DELETE	3.1 TITL	E					☐ Change	Addition
NAME STREET LOOPEON					_	J.				+ name	l l
STREET ADDRESS				3.2 NAM							
CITY-ST-ZIP (3.3 STR	EET A	DDRESS				_ v.a.igo	
			C DC ETT	3.3 STR 3.4, CFT	EET A		-		_	v	
TITLE			☐ DELETE	3.3 STR 3.4, CFT 4.1 TITL	KEET AI Y-ST-					Change	Addition
TITLE NAME			☐ DELETE	3.3 STR 3.4, CFT 4.1 TITL 4.2 NAM	REET AL Y-ST-I E ME	ZIP	- \ <u>-</u> -\	 ,		v	Addition
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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 phanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP