


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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90014 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000090063

1. Corporation Name
J-C PIPELINE INC.



Principal Place of Business 6105 33RD STREET EAST BRADENTON FL 34203 US	Mailing Address 3314 59 AVE DRIVE EAST BRADENTON FL 34203
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/12/1994	
4. FEI Number 59-0722115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANESS, JUDITH E
3314 59 AVE DRIVE EAST
BRADENTON FL 34203**

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

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	<input type="checkbox"/> DELETE	1.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MANESS, JUDITH E		1.2 NAME ROY L. MANESS	
STREET ADDRESS 3314 59 AVE DRIVE EAST		1.3 STREET ADDRESS 3314 59TH AVE DRIVE EAST	
CITY-ST-ZIP BRADENTON FL 34203		1.4 CITY-ST-ZIP BRADENTON, FL 34203	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME RILEY J. MANESS	
STREET ADDRESS		2.3 STREET ADDRESS 5055 261ST STREET EAST	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MYAKKA CITY, FL 34521	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME KIMBERLY R. MANESS	
STREET ADDRESS		3.3 STREET ADDRESS 1900 DARBY ROAD	
CITY-ST-ZIP		3.4 CITY-ST-ZIP SARASOTA, FL 34240	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99 941-758-2228

DATE

Daytime Phone #

CR2E034 (11/98)