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FILED

Apr 30 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 # P94000090665 (8)

1. Corporation Name

J.S. STATE RECOVERY CO.



Principal Place of Business

7950 US 98 N  
LAKELAND FL 33809

Mailing Address

7950 US 98 N  
LAKELAND FL 33809-4818

2. Principal Place of Business

21 909 Rose St.  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 92421  
Suite, Apt. #, etc.

22 City & State

23 Lakeland, Fla.

24 Zip

33801

Country

25 Polk

27 City & State

28 Lakeland, Fla.

29 Zip

33804

Country

30 Polk

9. Name and Address of Current Registered Agent

STONE, LAKELAND  
7950 US 98 N  
LAKELAND FL 33809

3. Date Incorporated or Qualified

12/14/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3287034

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

10. Name and Address of New Registered Agent

81 Name

Donnellan, Lakeland

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

909 Rose St.

83

84

City Lakeland

FL

85

Zip Code

33801

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

*James Stone*  
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 PSTD ☒ DELETE

NAME STONE, JAMES  
STREET ADDRESS 7950 US 98 N  
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☒ Change ☐ Addition

1.2 NAME Donnellan, Brian  
1.3 STREET ADDRESS 909 Rose St.  
1.4 CITY-ST-ZIP Lakeland, Fla. 33801

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 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

*James Stone*

*4/30/97*

CR2E034 (9/96)