

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000093767**

1. Corporation Name

JMU ENTERPRISES, INC.

Principal Place of Business

**5938 RED BUG LAKE RD
WINTER SPRINGS FL 32708
US**

Mailing Address

**5938 RED BUG LAKE RD
WINTER SPRINGS FL 32708
US**

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90001 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1994

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

59-3284626

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**JOSEPH ULANOSKI
5938 RED BUG LAKE ROAD
WINTER SPRINGS FL 32708**

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

Joseph Ulanoski

(NOTE: Registered Agent signature required when reinstating)

6-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ULANOSKI, JOSEPH P	
STREET ADDRESS	713 ANDOVER CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ULANOSKI, BARBARA A	
STREET ADDRESS	713 ANDOVER CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ULANOSKI, JOSELLE M	
STREET ADDRESS	713 ANDOVER CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Joseph Ulanoski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-99

Date

407 366 7800

Daytime Phone #

CR2E034 (5/99)



588441-90001-25

JMU ENTERPRISES, INC. dba "TCBY"
5938 RED BUG LAKE ROAD ~ WINTER SPRINGS, FL. 32708 ~ USA
Phone 407-699-5446 ~ Fax 407-366-7800 ~ Home Phone 407-366-7800 ~ Email BULanoski@aol

JUNE 29, 1999

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
PO BOX 1500
TALLAHASSEE, FL.
32302-1500

DEAR GOOD PEOPLE:

AS INSTRUCTED BY A REPRESENTATIVE IN YOUR ORGANIZATION, I AM FORWARDING
A CHECK FOR \$150.00 FOR THE 1999 PROFIT CORPORATION ANNUAL REPORT FILING.
OUR RECORDS SHOW THAT THIS REPORT WAS FILED & THE FEE WAS PAID ON MARCH 31,
1999.

OBVIOUSLY SINCE I HAVE RECEIVED A SECOND NOTICE, YOU HAVE NEVER RECEIVED
THAT PAYMENT, THEREFORE I AM REQUESTING A WAVIER OF THE FINE FOR A LATE
PAYMENT.

IF YOU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO CALL ME @ 407-699-5446

SINCERELY

JOSEPH ULANOSKI
DIRECTOR