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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P9500003675

1. Corporation Name

J. COLLINS CORPORATION

| Principal Place of Busines |
|----------------------------|
| % JACK COLLINS, SR. |
| 5400 BRADENTON RD. |
| CADACOTA EL 34234 |

Mailing Address

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90186 038 ***150.00



| Principal Place | or Business | Maining Address | | | | | |
|---|--|--|---------------------------|----------------------|---|----------|--|
| % JACK COLLINS. SR. % JACK COLLINS. SR. | | | | | | | |
| 5400 BRADENTON RD. 5400 BRADENTON RD. | | | | | DO NOT WRITE IN THIS SPACE | | |
| SARASOTA FL 34234 SARASOTA FL 34234 | | | | | 3. Date Incorporated or Qualifed | | |
| | | | _ | and the second | 01/.13/.1995 | | |
| | 1.0 | 22 Mailine Address | | | 4. FEI Number Applied Fo | or | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 65-0687667 Not Applica | | |
| 21 26 Suite Apt. #, etc. Suite, Apt. #, etc. | | | | · | \$8.75 Additions | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | 5. Certificate of Status Desired Fee Required | aı | |
| City & State City & State | | | | | 6. Election Campaign Financing \$5.00 May Be | Э | |
| 23 | 23 | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip Country | | | 8. This corporation owes the current year Intangible | | |
| 24 | 25 | 29 | δ] | | Personal Property Tax. | | |
| | 9. Name and Address of Current | t Registered Agent | | , | 10. Name and Address of New Registered Agent | | |
| | | | 81 | Name | | | |
| KALISH, WILLIAM | | | | Street Add | Iress (P.O. Box Number is Not Acceptable) | | |
| | e Kennedy Blvd. | | 82 | 0 | | | |
| SUITE 4100 | | | 83 | | | | |
| TAM | PA FL 33602 | | 84 | City | 85 Zip Code | | |
| _ | | | 04 | City | FL 6 3 2 4 6 3 2 4 6 3 2 4 6 3 6 4 6 | | |
| 11. Pursuant | to the provisions of Sections 607,050 | 2 and 607:1508; Florida; Statutes | the above | a-named.com | poration submits this statement for the purpose of changing its register | teq= | |
| office or n | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was auti- itions of, Section 607.0505, Florid | norized by la Stat⊔tes | the corporate | ion's board of directors. I hereby accept the appointment as registered | | |
| SIGNATURE | | | | | | _ | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re | | | | nt signature require | ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | 12 | |
| 12. | ······································ | ID DIRECTORS | 13. | | | ddition | |
| TITLE | PD | D DETE 15 | 1.1 TITLE | | - Criange | Januari, | |
| NAME | COLLINS, JACK G SR. | | 1.2 NAME | 1 | | | |
| STREET ADDRESS | 5400 BRADENTON RD. | • | | TADORESS | | | |
| CITY-ST-ZIP | SARASOTA FL 34234 | | 1.4 CITY-S | T-ZIP | Change A | ddition | |
| TITLE | STD | ☐ DELETE | 2.1 TITLE | | _] Change] Ad | daluon | |
| NAME | COLLINS, JACK G JR. | , | 2.2 NAME | | | | |
| STREET ADDRESS | 5400 BRADENTON RD. | | 2.3 STREET | TADDRESS | | | |
| CITY-ST-ZIP | SARASOTA FL 34234 | | 2. 4 CITY-S | ST-ZIP | | | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | } | ☐ Change ☐ Ac | ddition | |
| NAME | COLLINS, CHRIS | | 3.2 NAME | | | | |
| STREET ADDRESS | 5400 BRADENTON RD. | | 3.3 STREE | TADORESS | : - | - | |
| - CITY-ST-ZIP | -SARASOTA-FL-34234 | | 3.4. CITY-S | ST-ZIP | | 1.154 | |
| MILE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Ad | ddition | |
| NAME | · | | 4 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Ad | ddition | |
| NAME | | | 5.2 NAME | ļ | | | |
| | | | 53 STREE | TADORESS | | | |

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 receiper 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 Il other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TILE

NAME

SIGNING OFFICER OR DIRECTOR

Change

☐ Addition