

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998-99



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000004234 (7)  
1. Corporation Name  
JT INDUSTRIAL MAINTENANCE AND FABRICATION, INC.

Principal Place of Business  
2625 WEST PIPKIN ROAD  
LAKELAND FL 33811

Mailing Address  
2625 WEST PIPKIN ROAD  
LAKELAND FL 33811

50 APR 30 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-99

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JONES, MELVIN 2625 W PIPKIN RD LAKELAND FL 33811			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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, in accordance with the Florida Secretary of State's authorization 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: *Melvin Jones* (NOTE: Registered Agent's signature is required for this filing.) DATE: 4-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D JONES, MELVIN L	11 TITLE	
NAME	3400 WELLS RD.	12 NAME	
STREET ADDRESS	MULBERRY FL 33860	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	D TURNER, CARLTON	21 TITLE	
NAME	3460 JAMIE ST.	22 NAME	
STREET ADDRESS	MULBERRY FL 33860	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(b), 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 on an attachment with an address.

SIGNATURE: *Melvin Jones* DATE: 4-14-99 941-646-0345

CR2E034 (10/97)