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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000006406

JANET'S COACH, INC.

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Principal Place of Business Mailing Address 5331 COMMERCIAL WAY 5331 COMMERCIAL WAY									
SUITE 109			SUITE 109		DO NOT WRITE IN THIS SPACE				
SPRING HILL FL 34606 SPRING HILL FL 34606					3. Date Incorporated or Qualifed				
					01/23/1995	-			l
<u> </u>	No. of Decision	2a. Mailing Address			4. FEI Number			Applied For	┥.
	lace of Business	<u> </u>	-, '		59-3315636		<u> </u>	Not Applicab	le :
21		Suite, Apt. #, etc.			39 33 13030		. 1 L .	Additional	 -
Suite, Apt.	#, etc.	 1			5. Certifcate of Status Desired		T	Required	
22		City & State			6 Flatian Committee Financia		¢5.0	0 May Be	\dashv
City & Stat	le	<u></u> − '			6. Election Campaign Financing Trust Fund Contribution	, _□		o may be d to Fees	ļ
23		28	Countr					0 10 1 663	
Zip	Country	Zip		у	8. This corporation owes the cu	rrent year int	angible ∏Yes	□No	
24	25		30		Personal Property Tax. 10. Name and Address of New	Posistored			
	9. Name and Address of Cu	rrent Registered Agent	- 04	L Name	10. Name and Address of New	Registered	Agent		\dashv
DOI.	IN IANET	* * .	81	Name					
	IN, JANET		82	2 Street Adds	ress (P.O. Box Number is Not Accep	ntable)			
5331 COMMERCIAL WAY					tiples Sec. 40 Street & S.			- <u> </u>	7.
SUITE 109			83	3		都特別		用数 题图象	å
SPR	ING HILL FL 34606		84	4 City	8 1 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 1 1 44 3 K W 14 C	85 Zi	n Code	=
			04	* City		FL	_ 00	p 0000	
signature		obligations of, Section 607.0505, Flori			ad when reinstating)	DÁTÉ			}
	Signature, typed or printed name of registere	d agent and title if applicable. (NOTE: I	13.	ent signatura require	ADDITIONS/CHANGES TO C		ND DIREC	TORS IN 12	\dashv
12.	PVST	DELETE	1.1 TITLE		N. 1 (CR)		☐ Chang		
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TITLE	D	☐ DELETE	2.1 TITLE	1		少			
NAME	BOHN, JANET		2.2 NAME						h
STREET ADDRESS	5331 COMMERCIAL WAY	SUITE 109	2.3 STRE	ET ADDRESS					ļ.
CITY-ST-ZIP	SPRING HILL FL 34606	<u> </u>	2. 4 CITY-	-ST-ZIP	<u> </u>				<u></u>
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NAME			3.2 NAME	: 1					
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NAME	<u> </u>								
l	_1 ;		■ 6.3 STRE	ET ADORESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90065 025 ***150.00