1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address
26 5225 Goddard Ave

## DOCUMENT # P95000011007

TO-JESS, INC.

Principal Place of Business 1020 JOAN PL. ORLANDO FL 32804

> City & State ORLANdo

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2. Principal Place of Business

5225 GODDAND DUD

Mailing Address

1020 JOAN PL. ORLANDO FL 32804

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## **FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90067 010 \*\*\*150.00



	DO NOT WRITE	IN THIS	SPACE	
3.	Date Incorporated or Qualifed 02/01/1995			
4.	FEI Number		Applied For	
	59-3313902			Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
8.	This corporation owes the curren Personal Property Tax.	t year In	tangible	□No
10.	Name and Address of New Reg	jistered	Agent	

9. Name and Address of Current Registered Agent PAGAN, JESUS JR. Street Address (P.O. Box Number is Not Acceptable) 5225 GODDAND DVL. 1020 JOAN PL. ORLANDO FL 32804

Country

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A						
TITLE	D DELETE	1,1 TITLE	D PAGAN JASKY JA	Change	Addition				
NAME.	PAGAN, JESUS JR.	1.2 NAME	7777 / 01	,					
STREET ADDRESS	1020 JOAN PL.	1.3 STREET ADDRESS	3225 GODDAND DVE						
CITY-ST-ZIP	ORLANDO FL 32804	1.4 CITY-ST-ZIP	D PAGAN, JOSUS JA. 5225 GODDAND AVE. OLLANDO, FC 32810						
TITLE	☐ DELETE	2.1 TITLE	, <u>,                                  </u>	Change	☐ Addition				
NAME		2.2 NAME							
STREET ADDRESS		2.3 STREET ADDRESS							
CITY-ST-ZIP		2.4 CITY-ST-ZIP							
TITLE	DELETE	3.1 TITLE		Change	☐ Addition				
NAME		3.2 NAME			,				
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition				
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	DELETÉ	5.1 TITLE		Change	☐ Addition				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE *	DELETE	6.1 TITLE		Change	☐ Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-ZIP		6.4 CITY-ST-ZIP							

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 path; that I am an officer or director of the configration 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 charged; or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #