

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 JUL 29 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013078

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000014603 (1)

1. Corporation Name

ROBERT S. JANTOSCIAC INC.



Principal Place of Business

941 FRAMLINGHAM ST
#105
LAKE MARY FL 32746
US

Mailing Address

941 FRAMLINGHAM CT
#105
LAKE MARY FL 32746
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1621 Overlook RD

Suite, Apt. #, etc.

22 City & State

23 LONGWOOD, FL

24 Zip

32750

25 Country

USA

2a. Mailing Address

26 1621 Overlook RD

Suite, Apt. #, etc.

27 City & State

28 LONGWOOD, FL

29 Zip

32750

30 Country

USA

3. Date incorporated or Qualified

02/20/1995

4. FEI Number

59-3304098

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

JANTOSCIAC, ROBERT S
941 FRAMLINGHAM ST
#105
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

Robert S Jantosciak

82 Street Address (P.O. Box Number is Not Acceptable)

1621 Overlook RD

83

84 City

LONGWOOD

FL

85 Zip Code

32750

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

Robert S Jantosciak

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/24/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JANTOSCIAC, ROBERT
STREET ADDRESS 941 FRAMLINGHAM CT., #105
CITY-ST-ZIP LAKE MARY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Jantosciak, Robert
1.3 STREET ADDRESS 1621 Overlook RD
1.4 CITY-ST-ZIP LONGWOOD, FL 32750

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

Robert S Jantosciak

SIGNATURE

Robert S Jantosciak

7/24/98

CR2E034 (5/98)