

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90144 016 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000018712**

1. Corporation Name

**JENNER CONSTRUCTION, INC.**

Principal Place of Business

7110 CARLENE DR  
ORLANDO FL 32835

Mailing Address

7110 CARLENE DR  
ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/08/1995**

4. FEI Number

**59-3302642**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **11000 groveshore ct**

2a. Mailing Address

26 **11000 groveshore ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Ocoee, Fl.**

City & State

28 **Ocoee, Fl.**

Zip

24 **34761**

Country

25 **Orange**

Zip

29 **34761**

Country

30 **Orange**

9. Name and Address of Current Registered Agent

MATHIS, JACINTA M  
STUDIO PLAZA BLDG  
5979 VINELAND RD SUITE 300  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

82 **Travis R. Hollifield**

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

**500 N. Mainland Ave. Suite 304**

84 City

**Mainland**

FL

85 Zip Code

**32751**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/27/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME JENNER, MELVIN S  
STREET ADDRESS 7110 CARLENE DR  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

S  
NAME JENNER, SHERRI L  
STREET ADDRESS 7110 CARLENE DR  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P  
NAME MELVIN JENNER  
STREET ADDRESS 11000 GROVESHORE CT  
CITY-ST-ZIP OCOEE, FL. 34761

2.1 TITLE ☒ Change ☐ Addition

S  
NAME SHERRI JENNER  
STREET ADDRESS 11000 GROVESHORE CT  
CITY-ST-ZIP OCOEE, FL. 34761

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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.

SIGNATURE:

*[Signature]* SHERRI L JENNER

Y2Y99

407-905-0980

CR2E034 (11/98)