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

Mailing Address

250 DONNELLY ST

MT DORA FL 32757

2a. Mailing Address

City & State

Zıp

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

Suite Ant # etc

City & State

250 DONNELLY ST

MT DORA FL 32757

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ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000069812 (2)

J & C ENTERPRISES OF LAKE COUNTY, INC.

Country

g. Name and Address of Current Registered Agent

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CAGGIANO, VERONICA 12039 CANAL STREET

TAVARES FL 32778

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1995 Applied For 59-3333745 Not Applicable \$8.75 Additional 6. Certificate of Status Desired Fee Required 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code F 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 registored agent, or both, in the Statelof Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (applications) and accept the obligations of, Section 607.0505, Florida Statutes.

FILED

Apr 20 1998 8:00am

Secretary of State

SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change TITLE ☐ DELETE 1 1 TITLE Addition JONES, RALPH NAME 1.2 NAME 37012 C.R. 452 STREET ADDRESS 1.3 STREET ADDRESS **GRAND ISLAND FL 32735** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition NAME CAGGIANO, VERONICA 22 NAME STREET ADDRESS 12039 CANAL STREET 2 3 STREET ADDRESS **TAVARES FL 32778** CITY - ST - ZIP 2 4 City - ST - 7IP DELETE Addition TITLE 31 TITLE Change 32 NAME NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME

Country

81 Name

B2

83

City

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14. Thereby 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 addition.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADORESS

CR2E034