PROFIT CORPORATION ANNUAL REPORT 1999



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FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90032 018 ***150.00 Katherine Harris

J&R GR/	APHICS CORPORATION						
Principal Place	e of Business	Mailing Address			A 10011007 HA INIBI BITH GOIL GOIL GOIL GOIL	868) 818 1564) A	1001 1101 1001
2711 PARK WINDSOR DR 17296 PLANTATION DRIVE STE #306 FT. MYERS FL 33912 FT. MYERS FL 33901					DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE	
US					09/15/1995		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21 26					65-0607794	<u> </u>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Rec	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Int		_
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		····	10. Name and Address of New Registered	Agent	
			81	Name			
	GES, JEAN C		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	6 PLANTATION DRIVE						
FI. I	MYERS FL 33912		83			•	Ì
	•		84	City		85 Zip C	ode
			ļ	1	<u>FL</u>	.	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was all	itnorizea by	tne comora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	ntment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE:	Registered Age	nt signature requi	ired when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	HODGES, JEAN C.		1.2 NAME	1			
STREET ADDRESS	17296 PLANTATION DR		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-S	ST-ZiP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME !	-		2.2 NAME				
STREET ADDRESS	17296 PLANTATION DR	.±1 :=	2.3 STREE	TADORESS	g g g g g g g g g g g g g g g g g g g		ļ
CITY-ST-ZIP	FT MYERS FL		2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS	·		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4.2 NAME				Ì
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREE	TADDRESS	in the second se	_	
CITY-ST-ZIP	<u> </u>		5.4 CITY-8	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY-ST-ZIP	<u> </u>		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: