Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90036 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072447

1. Corporatio	n Name	0,211				
JOBRUC	CE. INC.					
	₹,			(1) 3.6 (1)	18818 11811 8181) 816	CTO (444) (444)
,						
Principal Plac	e of Business	Mailing Address		+ 1001/1001 Ha (013) Still dolle adtil antit sairt	10610 11311 61811 013	#11 1 48 1 1881
6669 26TH STREET NORTH 6669 26TH STREET NORTH						
ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702			!	DO NOT WRITE IN THIS SPACE		
	•				SPACE	
	•			3. Date Incorporated or Qualifed		
		1 - 44 - 11		09/18/1995		
⊢ ,	Place of Business	2a. Mailing Address		4. FEI Number	H	ied For
21		26		59-3336198		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certifcate of Status Desired	\$8.75 Add	
22		27			·	
City & Stat	te ·	City & State		6. Election Campaign Financing	\$5.00 м. Added to	· .
23	· ·	28	Country	Trust Fund Contribution		rees
Zip	Country	Zip	·	8. This corporation owes the current year in		No
24	25		30	Personal Property Tax. 10. Name and Address of New Registered		110
	9. Name and Address of Current	registered Agent	81 Name A	13 CX DI CT CC	T EC	7)
PEQ	UIGNOT, MARGOT P.A.		P	FLISON SIEELE	-, ~>	4.
1501A BELCHER ROAD SOUTH			82 Street Ad	diess (B.O. Box Number is Not Acceptable)	POVI	1.00
1 4 5 0 0 5 1 0 4 0 4 4			83	The Alexander	<u> </u>	<u> </u>
J	G0120.01.	35 Central HV	enuc	۷ -		
			84 City S-1	- POTOSSBURG FL	_ 85 ZIP.Cº	<u> </u>
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose of	changing its re	egistered
l office or r	registered agent, or both, in the State of m femiliar with, and accept the coligat	of Florida. Such change was au	itnorized by the corpora	tion's board of directors. I hereby accept the appo	intment as regis	sterea
	(Ilesond W.	11/5	XX/ CTF/	FIE 417319	<i>P</i> C	
SIGNATURE	Signature, typed or printed name of registers agen	t and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD ·	DELETE	1.1 TITLE	•	Change	☐ Addition
NAME	CONVERSE, JO-ANNE	•	1.2 NAME		•	
STREET ADDRESS	8990 3RD STREET NORTH		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33702		1.4 CITY-ST-ZIP			
TITLE	STD	. DELETE	2.1 TITLE	<mark></mark> ረተክ	Change	☐ Addition
NAME	BRADLEY, ALAN BRUCE		2.2 NAME	3RADLEY, ALAN ?	3RUC F	<u> </u>
STREET ADDRESS	6669 26TH STREET NORTH	مدينها لا ي	2.3 STREET ADDRESS .	TO THE WILL STORY		
CITY-ST-ZIP	ST. PETERSBURG FL 33702		2.4 CITY-ST-ZIP	T PETEDS ZVKZ	FLS:	<u>3702</u>
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					Change	□ Addition
11100		☐ DELETE	4.1 TITLE		- Origingo	☐ Addition
NAME		☐ DELETE	4.1 TILE 4. 2 NAME		onlings	[] Addition
l		☐ DELETE			□ ourningo	Addition
NAME			4. 2 NAME			
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	· :	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	-		4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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.

5.4 CITY+ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TILE

NAME

4/26/99 (727) 576-3759
Date Datum Phone #

Change

Addition

CR2E034 (11/98)