

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000076721 (6)

1. Corporation Name

JAYJR, INC.

Principal Place of Business
6570 N. HARBOR CITY BLVD.
MELBOURNE FL 32940

Mailing Address
6570 N. HARBOR CITY BLVD.
MELBOURNE FL 32940

FILED

98 AUG 10 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1995

4. FEI Number

59-3340390

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

2. Principal Place of Business

2a. Mailing Address

21 343 Southern Blvd.

26 Suite, Apt. #, etc.

22 W.P.B. FL.

27 City & State

City & State

23 W.P.B. FL.

28 Zip

Zip

Country

24 33405

25 U.S.A.

29 Zip

Country

30

9. Name and Address of Current Registered Agent

SHAH, DEVEN
6570 N. HARBOR CITY BLVD.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D.V. Pres / TRGS. ☐ DELETE
NAME SHAH, DEVEN
STREET ADDRESS 6570 N. HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE FL 32940

TITLE PRES ☐ DELETE
NAME DR. RICHARD DOYAN,
STREET ADDRESS 6830 CLOISTERS DR.
CITY-ST-ZIP MCLEAN, VA. 22101

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
500002614435--7
-08/13/98--01004--011
***150.00 ***150.00

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

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)(l), 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:

SIGNATURE REQUIRED

7/31/98

(407) 254-5800

CR2E034 (5/98)

6/30/98

FROM

JAY JR INC.
6570 N. HARBOR CITY BLVD
MELBOURNE, FL. 32940
(407) 254-5800

Pineda Gas & Food Inc.
6570 N. HARBOR CITY BLVD
Melbourne, FL. 32940

TO,

DEPT. OF STATE
SEC. OF STATE
DIVISION OF CORP

Sir/Madam

As I spoke to you on the phone this is the first notice I have received for billing.

I ~~am~~ have thyroid problem from several months and currently I am still on radiation treatment.

Also past three months I tried to get treatment overseas but could not work & I had to start all over again.

I understand this my health problem and you have nothing to ~~do~~ do. but as an officer ^{Try to} ~~you~~ understand this problem and do not penalize me. please

Thank you

If you need the proof for medical treatment I will be glad to send you.