PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089835

J & P VENDS INC.

May 07, 1999 8:00 am Secretary of State

05-07-1999 90028 010 ***150.00



Principal Place	e of Business	Mailing Address			ISHO TRIBITATE HISTORY HORE
3101 MAC ROAD 3101 MAC ROAD					
ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086				DO NOT WRITE IN THIS	> 0D40E
}				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
ļ				11/21/1995	
2 Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-3347277	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
Gity & State	8 ————————————————————————————————————	City & State		6. Election Campaign Financing	\$5:00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25		10	Personal Property Tax.	Yes No
g. Name and Address of Current Registered Agent 10.				10. Name and Address of New Registered	Agent
мох	ON, PATRICIA L			ettery S. ARNOLI	D
3101 MAC ROAD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	1
ST. AUGUSTINE FL 32086				I CUR MUSE MA	4
}			84 City	Augustine FL	85 Zip Code
At Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation 4-bmits 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 607.050d. Florida Statutes.					
- 1011 - (Hold V) 4/+0/00					
SIGNATURE Signature, typed or printed farmfol registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) MATE					
12.	CHER'S AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOXON, PATRICIA L	•	1.2 NAME		
STREET ADDRESS	3101 MAC ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETÉ	2.1 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, JEFFERY S		2.2 NAME		
STREET ADDRESS	890 OAK RIDGE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		2.4 CITY-ST-ZIP		Change D Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	· ••• •		3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		C) ACTEIR	4.1 TITLE		C availage C Vagariou
NAME			4.2 NAME		3
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE		C) occess	5.1 HILE 5.2 NAME		C 4.101.90 C 1.10011011
NAME STREET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 C/TY-ST-Z/P		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		D =40010	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		•
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
UITT-UT-EUF					

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: