SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Aug 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9500096638 (8)

J B R PROPERTIES, INC.				(and the state of	n 1864 k ana k uba kuba (411 186)	
Principal Plac	e of Business	Mailing Address	-			a ibina b ilit a b ili ba itiba ibin 1811 1881
6650 MILLS RD. 6650 MILLS RD. ORLANDO FL 32810 ORLANDO FL 32810					DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified	
					01/02/1996	
····	lace of Business	26 10 80 X 608100		4. FEI Number	Applied For	
Suite, Apt. #, etc.		26 PO EOX 608/00 Suite, Apt. #, etc.		59-3373083	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28 ORLANDO FL		Trust Fund Contribution Added to Fees		
Zip Country		29 38860 81000 USA			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	9. Name and Address of Current	· . l	80	03/3	Personal Property Tax due June 30. 10. Name and Address of New Registered	
MCNARY, WILLIAM R					to man and man to the	
6650 MILLS RD.				82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32810						
				83		"
				84 City		85 Zip Code
				<u> </u>	FI	
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 tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS ANI		13.	reo Agant signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE 1.11		TLE		Change Addition
NAME	The tart of the same of the sa		1.2 N	ME		-
STREET ADDRESS	6650 MILLS RD.		1.3 ST	REET ADDRESS		
CITY-ST-ZIP			TY-ST-ZIP			
TITLE	D DELETE 2.1TI				Change Addition	
NAME STREET ADDRESS	0050 1411 0 00		2.2 N/	REET ADDRESS		
CITY-ST-ZIP	ADLANDA EL ASSAS			TY-ST-ZIP		
TITLE	D DELETE 3.1T				Change Addition	
NAME	Mathews, John S		3.2 N/	ME	÷	,
STREET ADDRESS	6650 MILLS RD.		3.3 \$1	REET ADDRESS		
CITY-ST-ZIP			-	TY-ST-ZIP		
TITLE	L DELETE 4.1TI				Change Addition	
NAME STREET ADDRESS			4.2 N/	I .		
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS TY-ST-ZIP		
TITLE		DELETE	5.1 TI	· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME		UCLE IC	5.2 N/			C Onouge D Moditio()
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP		
TITLE	DELETE 6.1 T/		LLE		Change Addition	
NAME			6.2 NA	ME		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP	artifu that the information cumuliad with	this filing does not qualify for the		TY-ST-ZIP	ion 119 07/3/ii) Florida Statutos I further codifi	that the information
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.						