02261999-90061-046-$150.00-$150.00

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Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90061 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000002734**

1. Corporation Name
J.P. CASUAL, INC.

Principal Place of Business	Mailing Address
3336 NINTH STREET N ST PETERSBURG FL 33704	3336 NINTH STREET N ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1996

4. FEI Number: 59-3435964 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 800 28TH AV N	26 800 28TH AV N
22 Suite, Apt. #, etc. APT B	27 Suite, Apt. #, etc. APT B
23 City & State ST Pete	28 City & State ST Pete FL
24 Zip FL 33704 25 Country	29 Zip 33704 30 Country

9. Name and Address of Current Registered Agent

ZAREAS, JOHN P
3336 NINTH STREET N
ST PETERSBURG FL 33704

1735 34 AV N
ST Pete FL
33713

10. Name and Address of New Registered Agent

81 Name: Paul Zareas
82 Street Address (P.O. Box Number is Not Acceptable): 800 28TH AV N
83: APT B
84 City: ST Pete FL 85 Zip Code: 33704

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: Paul Zareas P,VP,S,T 4-12-99
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	VPPT	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ZAREAS, JOHN P		1.2 NAME		
STREET ADDRESS	3336 NINTH STREET N		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	~~VPPT~~	☐ DELETE	2.1 TITLE	P, VP, S, T	☐ Change ☒ Addition
NAME	~~ZAREAS Paul~~		2.2 NAME	ZAREAS, PAUL	
STREET ADDRESS	~~800 28TH AV N~~		2.3 STREET ADDRESS	800 28th AVENUE N	
CITY-ST-ZIP	~~ST Pete FL 33704~~		2.4 CITY-ST-ZIP	ST PETERSBURG, FL	
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		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: 1-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #