

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 # P96000014790

1. Corporation Name
JJP, INC.

Principal Place of Business
1025 SEABREEZE AVENUE
JACKSONVILLE FL 32250

Mailing Address
1025 SEABREEZE AVENUE
JACKSONVILLE FL 32250

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90034 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1996

4. FEI Number

59-3363958

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 14560 SAN PABLO N

2a. Mailing Address

26 14560 SAN PABLO N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Jacksonville

27 City & State

28 Jacksonville, FL

24 FL 25 32224

29 32224 30 USA

9. Name and Address of Current Registered Agent

MCCORMICK, PATRICIA
1025 SEABREEZE AVENUE
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name

PATRICIA MCCORMICK

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

14560 SAN PABLO N

83

84 City

JACKSONVILLE FL

85 Zip Code

32224

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)

3/23/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MCCORMICK, PATRICIA
STREET ADDRESS
1025 SEABREEZE AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32250

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

14560 SAN PABLO N

JACKSONVILLE, FL 32224

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

904 249-2345
Date Daytime Phone

CR2E034 (1/98)