1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000027543

1. Corporation Name

J R MELLETT, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90046 004 ***150.00

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Principal Place	e of Business	Mailing Address			4 18511861 tre serie Print barre early certs dur-		F1888 1111 1881
SS ATLANTIC WAY NAPLES FL 34104 SS ATLANTIC WAY NAPLES FL 34104		DO NOT WRITE IN THIS SPACE					
US		US				S SPACE	
					3. Date Incorporated or Qualifed 04/01/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21 101	Oceans Bl	DOL 26 101 OCEAN	B B	lud	65-0652615		t Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State	9 -	City & State				\$5:00 Added t	May Be
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	ntangible	
24	25	29	30	•	Personal Property Tax.		□No
24	9. Name and Address of Cur		1001		10. Name and Address of New Registere	d Agent	
				81 Name			
MEL	LETT, JUNE R			20 0	(C) O. D Marchania Nat Association		
	TLANTIC WAY			82 Street Add	dress (P.O. Box Number is Not Acceptable)		ĺ
NAP	LES FL 33942			83	Occario Divo		
ļ				84 City	: F	85 Zip 9	Code
44 D month	to the assurations of Sections 607.	1502 and 607 1509 Florida Sta	tutes the a	hove-named cor	poration submits this statement for the purpose	of changing its	registered
) office or r	edictored agent or both in the Sta	ate of Florida. Such change was	s authorized	i by the corporat	tion's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, F	Florida Stat	utes.			
SIGNATURE		/NC	TE: Bosistored	Agent signature requir	red when reinstating) DATE		\
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
TITLE	D	DELETE	1,1 Ti	TLE		Change	☐ Addition
NAME	MELLETT, JUNE R	_	1,2 N/	AME			
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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: