

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030575 (0)

1. Corporation Name

JOE NIEMAN ENTERPRISES, INC.

Principal Place of Business

6943 LUCKY DRIVE
JACKSONVILLE FL 32208

Mailing Address

6943 LUCKY DRIVE
JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

59-3372058

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 170 Box 16952

Suite, Apt. #, etc.

22 City & State

JAX, FL

23 Zip

32245-6952

Country

USA

2a. Mailing Address

26 1430 Belleshore Circle

Suite, Apt. #, etc.

27 City & State

JAX, FL

28 Zip

32218

Country

USA

9. Name and Address of Current Registered Agent

NIEMAN, JOSEPH L
6943 LUCKY DRIVE
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name

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

1430 Belleshore Circle

83

84 City

JAX, FL

FL

85 Zip Code

32218

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 of registered agent or person authorized to accept appointment as registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

4-7-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D NIEMAN, JOSEPH L
STREET ADDRESS
6943 LUCKY DRIVE
CITY-ST-ZIP
JACKSONVILLE FL 32208

TITLE ☐ DELETE

NAME
D MOORE, ROBERTA L
STREET ADDRESS
6943 LUCKY DRIVE
CITY-ST-ZIP
JACKSONVILLE FL 32208

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

1430 Belleshore Circle
JAX, FL 32218

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1430 Belleshore Circle
JAX, FL 32218

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.

SIGNATURE

Signature of registered agent or person authorized to accept appointment as registered agent and file if applicable

Signature of registered agent or person authorized to accept appointment as registered agent and file if applicable

CR2E034 (10/97)