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

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

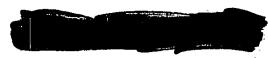
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600030575

JOE NIEMAN ENTERPRISES, INC.

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90064 037 ***150.00



rincipal Place of Business	Mailing Address					
330 BEILESHORE CIRCLE CKSONVILLE FL 32218	P. O. BOX 16952 JACKSONVILLE FL 32245-6952 US		DO NOT WRITE IN THIS SPACE			
5			3. Date Incorporated or Qualifed 04/01/1996			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3372058	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		intry	This corporation owes the current year I Personal Property Tax.	/☑Yes LINo		
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
		81 Name	· .			
NIEMAN, JOSEPH L 1430 BELLESHORE CIRCLE		82 Street Addr	et Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32218		83		·		
		84 City	F			
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat	602 and 607.1508, Florida Statutes, the ale of Florida. Such change was authorized	bove-named corp d by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ointment as registered		

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida

SIGNATURE		/NOTE: Par	gistered Agent signature rec	uitred when reinstating) DATE	
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Neg	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS			Change	Addition
TITLE	0	DELETE	1.1 TITLE		
NAME	NIEMAN, JOSEPH L		1.2 NAME		
STREET ADDRESS	1430 BELLESHORE CIRCLE		1.3 STREET ADDRESS		
, CITY-ST-ZIP	JACKSONVILLE FL 32218		1.4 CITY+ST-ZIP	Change	Addition
TITLE		DELETE	2.1 TTLE		
NAME	MOORE, ROBERTA L		22 NAME		
STREET ADDRESS	1430 BELLESHORE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		2.4 CITY-ST-ZIP	Change	Addition
finle		DELETE	3 f TT/LE	☐ Change	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	
-4,			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		DÉLETE	4.1 TITLE	Change	Addition
TIELE.	-		4, 2 NAME		i
NAME					!
STREET ADDRESS			4.3 STREET ADDRESS		·
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Change	Addition
TITLE		DELETE	5.1 TITLE	□ o.aåt	
NAME			5.2 NAME		
STREET ADDRESS		ł	5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP	<u> </u>	DELETE	6.1 TITLE	☐ Change	Addition
*ARE			6.2 NAME		
NAME.			6.3 STREET ADDRESS	•	7,7
STREET ADDRESS					· · ·
CITY-ST-ZIP			6.4 CFTY-ST-ZIP	Section 119 07(3)(i) Florida Statutes I further certify that the in	formation

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

JOE MIEMAN

4-28-99 766-0563