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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600036744 (6)

JEP ENTERPRISES OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

7431 HIAWATHA ST PENSACOLA FL 32526 7491 HIAWATHA ST PENSACOLA FL 32526-9300

## FILED Jun 17 1997 8:00am Secretary of State



PENSACOLA FL 32526			PENSACOLA FL 32526-9309								
								3. Date Incorporated or Qualif 04/24/1996	ied 3	a. Date of Last	Report
2.	Principal Pl	lace of Busin	ness	2a, Mailing Add	ress	·		4. FE Number	,		Applied For
21	21			26				59-3374406 Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22			27			C. Bortingto of Status Booker		Fee I	Required		
City & State			City & State	<b>∮</b> ·			6. Election Campaign Financin	~ ~		May Be	
23	_			28				Trust Fund Contribution			d to Fees
	Zip	Country		Zip	ı		<b>,</b>	8. This corporation has liability			s. 199.032,
24			25	29	30	)		Florida Statutes  10. Name and Address of Nev		s No	
9. Name and Address of Current Registered Agent							Name	IV. Name and Address of Nev	nogiste	neu Agent	
PATRONI, JANET						81	1401110				
7431 HIAWATHA ST					82 Street Ac			ddress (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32526						83				<del> </del>	
					103						
	•					84	City	PALA		FL 85 71	p Code
11.	Pursuant t	lo the provis	ions of Sections 607.05	02 and 607,1508, Flori	da Statutos.	the abov	e-named co	propretion submits this statement for t	he purpo	se of changing	its registered
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.											
SIC	SNATURE .	Signature typed	or printed name of registered ag	ent and trial if any licable	(NOTE: B	enistered An	ent signal ne no	quired which temslating)	D	NTE	
12				ND DIRECTORS	(1070	13.	- I I I I I I I I I I I I I I I I I I I	ADDITIONS/CHANGES TO O			ORS IN 12
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	EET ADDRESS		WATHA ST			1.3 STREET	ADDRESS				
	Y-ST-ZIP		OLA FL 32526			1.4 CITY - S	- 1				15
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	EET ADDRESS					6.3 STREFT	ADDRESS				}
	Y-ST-ZIP					6.4 CITY - S					
	I do hereb	y certify tha	1 the information supplie	ed with this filing does	not qualify to	or the exe	mption stat	ed in Section 119.07(3)(i), Florida Sta	itutes. I fi	irther certify the	at the
	information I am an of	n indicated of ficer or direc	on this annual report or	supplemental annual r or the receiver or truste	eport is true e empowere	and acci ed to exec	trate and th	nat my signature shall have the same port as required by Chapter 607, Flori	legal effe	ect as if made u	inder oath; that