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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000051627 (3)

JENKINS ENTERPRISES OF TAMPA, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
2727 WEST FLETCHER AVENUE. UNIT 1-A TAMPA FL 33818		2727 WEST FLETCHER AVENUE. UNIT 1-A TAMPA FL 33818		' 1-A	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					1	
6 Principal	Place of Pusiners	2a, Mailing Address		-	06/17/1996	
2. Principal Place of Business		}			4. FEI Number #59 3384840 X Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CO 75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23	28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	y	This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED				Name		
343 ALMERIA AVENUE CORAL GABLES FL 33134			82	Stroot	Address (P.O. Box Number is Not Acceptable)	
			04	Sireer	Address (F.O. Box Northber is Not Acceptable)	
			63	1		
			84	City	85 Zip Code	
				<u> </u>	FL S EP 5500	
11. Pursuan office or agent. I	if to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	02 and 607.1508, Florida Statuter e of Florida. Such change was au gations of, Section 607.0505, Flor	s, the abou ithorized b ida Statute	re-named y the corp is.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	<u> </u>					
	Signature, typed or profite name of registered at	ND DIRECTORS (NOTE	13.	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD OFFICIALS AL	DELETE	1.1 TITLE		Change Addition	
NAME	JENKINS, TINA		1.2 NAME			
STREET ADDRESS		MIE IME A		T ADDRESS		
	TAMPA FL 33618	NOE, UNIT 1-A				
CITY-ST-ZIP TITLE	STD DELETE		1.4 CITY- 2.1 TITLE	51-ZIP	Change Addition	
NAME			2.2 NAME		Criange (1) Notings	
	JENKINS, ACIE III	MIC IMIT 4 A		ŀ		
STREET ADDRESS		NUE, UNIT 1-A		TADDRESS	.*	
CITY-ST-ZIP	TAMPA FL 33618	DELETE	2. 4 CiTY-	SI-ZIP	Change Addition	
		ב.ן טננבונ	3.1 TITLE		L Change L Adulton	
NAME CAREET ADDRESS			3.2 NAME	i		
STREET ADDRESS	1			T ADDRESS		
CITY-ST-ZIP	DELETE		3.4. CITY -	ST-ZIP	Change Addition	
TITLE		☐ DELETE	4.1 TITLE		ChangeAddilion	
NAME	ſ		4. 2 NAME	l l		
STREET ADDRESS	1		1	TADDRESS		
CITY-ST-ZIP	 	E briefe	4.4 CITY	ST-ZIP	Channel	
TITLE		☐ DELETE	5.1 TITLE	ļ	Change Addition	
NAME	1		5.2 NAME	i		
STREET ADDRESS	· [T ADDRESS		
CITY-ST-ZIP		T post	5.4 CITY	ST-ZIP		
TITLE	1	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	1		6.2 NAME			
STREET ADDRESS	· [T ADDRESS		
CITY-ST-ZIP			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 or an attachment with an address.

SIGNATURE:

(8/3)