05-05-1999 90120 029 ***150.00

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 # P9600063374

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

J.P. BAGGS, INC.

Principal Place	of Business	Mailing Address	Mailing Address			1 18813481 11	,	17 99177 94179	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7418 SOUTH TAMIAMI TRAIL 7418 SOUTH TAMIAMI TRAIL										
SARASOTA FL 34231		SARASOTA FL 34231								
US		US				DO NOT WRITE IN THIS SPACE				
i						3. Date incorpora				
ļ						07/30/1996				
2. Principal Place of Business		2a. Mailing Address				l <u>L.L</u> -			plied For	
[4]		26				65-0706318	3			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of S	tatue Desired		\$8.75	
**		27				J. Certificate of C			Fee Re	equired
City & State		City & State				6. Election Camp	aign Financing		\$5.00	May Be
23		28				Trust Fund Co	ntribution		Added t	to Fees
Zip	Country	Zip	Country	,		8. This corporation	n owes the curre	ent year In	tangible	
24	25	29 30			L	Personal Prop	erty Tax.		Yes	□No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Ad	dress of New R	egistered	Agent	
			81	Name						
PREWETT, DAN			82	Street	Addroor	(P.O. Box Number	r is Not Accenta	hle)		
5777 BENEVA RD			02	Sileet	Audiess	S (F.O. DOX Manibe	i is Not Accepta	0107		
SARASOTA FL 34233			83							
			84	City				FI	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about					l cornora	tion submits this st	atement for the	purpose of	f changing its	registered
office or n	egistered agent, or both, in the State.	of Florida. Such change was auth	iorized by	the corp	oration's	board of directors	. I hereby accep	t the appo	intment as re	gistered
agent. 1 a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes	i .						
SIGNATURE		410-7						DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				nt signature	required with	ADDITIONS/CH	ANGES TO OF		ND DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		$\overline{}$	ADDITIONS/CIT	ANGEO TO OTT	IOLITO A	Change	Addition
	· 	_ beceive	1.2 NAME							-
NAME	BAGGIANO, JOSEPH R									
STREET ADDRESS	5131 5522.11511 553			TADDRESS						
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	-				Change	Addition
TITLE	ST	☐ DELETÉ	2.1 TITLE		1	_	ρ		E Change	(Addition
NAME	BASSIANO, PATRICIA		2.2 NAME		BA	GEIANO,	MATRIC	SIA		
STREET ADDRESS	6484 COLLINSWOOD CIR	·	2.3 STREE	TADDRESS	s	•				
CITY-ST-ZIP	SARASOTA FL 32838		2.4 CITY-	ST-ZIP				•		
TITLE		☐ DELETE	3.1 TITLE						Change	Addition
NAME			3.2 NAME		ļ					
STREET ADDRESS		;	3.3 STREE	T ADDRESS	;					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	1					
TITLE		☐ DELETE	4.1 TITLE		1				☐ Change	Addition
NAME			4, 2 NAME							
STREET ADDRESS				TADDRESS	,					
1			4.4 CITY-S		Ί					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	11-ZIP	+				☐ Change	Addition
I THEE			J. I IIILE		1					

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, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

☐ Change

☐ Addition