SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name JB AMERICA, INC.

SIGNATUR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000070594 (2)

Principal Place of Business Mailing Address 1364 CYDDESS WOODS DDIVE 1204 CYDDDOG MOODO DDIVE

FILED 99 JAN 14 PM 1:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



NAPLES FL 341	103	NAPLES FL 34103					
l					DO NOT WRITE IN	N THIS SPACE	ī
					3. Date Incorporated or Qualified		1
2 Original D	lace of Business	On Mailing Address			08/26/1996 4. FEI Number Applied For		ł
	lace of business	2a. Mailing Address			Applied For	ł	
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		59-3398283	Not Applicable	ł	
22		27.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Clty & State		City & State			6. Election Campaign Financing	\$5.00 May Be	ĺ
23		28			Trust Fund Contribution L	Added to Fees	
Zip	Country	Zip		untry	8. This corporation owes or has paid t		l
24	25	29	30		Personal Property Tax due June 30		ı
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							1
BAR	NETT, JEFFREY A		81 Name			ĺ	
1364	CYPRESS WOODS DRIVE			82 Street Addr	ess (P.O. Box Number Np Apreptable P 4 7 3 5 1 9		
NAP	LES FL 34103		J. 3.33.7.44		-01/20/9901030018		ĺ
}				83	****80		l
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		$\widehat{}$		84 City		FI 85 Zip Code	l
11. Pursuant	to the provisions of sections 607.050	2 and 507 1508 Florida Statut	es the a	hove-named comor	ration submits this statement for the numos	e of changing its registered	l
office or	registered agent of book in the Stake	Eldrida. Such change was	authoriza	ed by the corporation	ration submits this statement for the purpos on's board of directors. I hereby accept the	appointment as registered	ĺ
agent. I a	am familiar with and accept the oblig	attens of, section 607.0505, FI	lorida Sta	itu@\$\^\^\alpha	 	90	ĺ
SIGNATURE	1/1/1/	_/	士士	_UNK/IE	// //	<u> </u>	ĺ
12.	Signature Application of Fagistafed age	ND DIRECTORS	OTE: Regis	tered Agent signature requ		DE AND DIRECTORS IN 42	8
TILE	OFFICERS AI				ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	25
1	DADNETT MOULIAGE	☐ DELETE	1.1 TITLE 1.2 NAME			Change L Addition	CR2E034 (5/98)
NAME	BARNETT, WILLIAM			J			ဗ္ဗ
STREET ADDRESS	2750 TREASURE LANE		•	TREET ADDRESS		1	2
CITY-ST-ZIP	NAPLES FL 34103			ITY-ST-ZIP			5
ΠΠLE	D	L DELETE	2.11	ITLE	O: •	Change _ Addition	
NAME	BARNETT, JEFFREY A	_	221	AME -	Parameter (1 Constant		
STREET ADDRESS	1364 CYPRESS WOODS DRIV	E H		拉中以 1	MICHE CARRES	79	
CITY-ST-ZIP	NAPLES FL 34103		2.4 0	ITY-ST-ZIP		+ 1	
TITLE		DELETE	3.11	ITLE		Change Addition	
NAME (3.21	AME	11.1	_	
STREET ADDRESS			3.3 8	TREET ADDRESS	$\rightarrow D$ $ABBILAC$	7	
CITY-ST-ZIP			3,4 (ITY-ST-ZIP	11719	7	
TITLE		DELETE	4.1 7	TILE -		Change Addition	
NAME			4.2 N	AME 1			
STREET ADDRESS			4.3.5	TREET ADDRESS		i	
CITY-ST-ZIP				://ST-ZIP			
TITLE	·	DELETE	5.1 T			Change Addition	
NAME		Choerese	5.2 N			Change Addition	
			1			}	
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP	<u> </u>		
TITLE			6.1 7	į.		Change Addition	
NAME			6.2 N				
STREET ADDRESS			6.3 S	TREET ADDRESS			
CITY-ST-ZIP			6.4 0	ITY-ST-ZIP			
14. I hereby ce	ertify that the information supplied with	this filing does not qualify for t	he exem	ption stated in sect	ion 119.07(3)(i), Florida Statutes. I further of	ertify that the Information	
an officer of	or director of the corporation or the re	ceiver or trustee empowered t	o execut	e this report as req	uired by Chapter 607, Florida Statutes; an	d,that my name appears	
14. I hereby certify that the information supplied with this filling 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 suppliemental 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 comporation 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.							