

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90108 047 ***150.00

DOCUMENT # P96000070605

1. Corporation Name

JOSE ENTERPRISES OF FLORIDA, INC.

Principal Place of Business

515 JOHN KNOX
TALLAHASSEE FL 32363

Mailing Address

P O BOX 434
RIVERDALE GA 30274

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1996

4. FEI Number

59-3412090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

32303

25

2a. Mailing Address

26 P O Box 961539

Suite, Apt. #, etc.

27 City & State

28 Zip Country

30296

30

9. Name and Address of Current Registered Agent

MONTES, MARTIN
515 JOHN KNOX
TALLAHASSEE FL 32363

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DIAZ, JOSE
STREET ADDRESS 2800 OLD DAWSON RD
CITY-ST-ZIP ALBANY GA 31701

TITLE V ☐ DELETE

NAME MELENDEZ, JOSE
STREET ADDRESS 106 N SLAPPY BLVD
CITY-ST-ZIP ALBANY GA 31701

TITLE S ☒ DELETE

NAME SOTO, VENACIO
STREET ADDRESS 241 NOTTINGHAM WAY
CITY-ST-ZIP ALBANY GA 31701

TITLE S ☐ DELETE

NAME MONTES, MARTIN
STREET ADDRESS 2519-D OLD BAINBRIDGE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE T ☐ DELETE

NAME MORENO, MARIA
STREET ADDRESS 2507 NOTTINGHAM WAY, #401
CITY-ST-ZIP ALBANY, GA 31707

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3513 W. SURREY ROAD
1.4 CITY-ST-ZIP ALBANY, GA 31707

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1406 EAGER AVENUE
2.4 CITY-ST-ZIP ALBANY, GA 31701

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)