Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

## 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

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90020 013 \*\*\*150.00

## 

	Ħ	Pyh	IXX	H ) /	1:301
Corporation Name					100

J. JENKINS ALTERNATOR, INC.

Principal Place of Business 207-1B 30TH AVENUE W. BRADENTON FL 34205-5266

2. Principal Place of Business

Suite, Apt. #, etc.

City & State - ~

21

22

Mailing Address

207-1B 30TH AVENUE W. BRADENTON FL 34205-5266

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

08/22/1996

65-0701729

4. FEI Number

Zip	Country	Zip Country			8. This corporation owes the current year		_	
24	25	29 30			Personal Property Tax.		□No	
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Register	ed Agent		
			81	Name				
JENKINS, JAMES D			82	Street Address (P.O. Box Number is Not Acceptable)				
2716 22ND ST. W.					· · · · · · · · · · · · · · · · · · ·			
BKAI	DENTON FL 34205		83				j	
,			84	City		. 85 Zip C	ode	
}	• .					<b>EL</b>   100   200   200		
l office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was aut	honzed by	the corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the ap	of changing its pointment as reg	registered pistered	
SIGNATURE	Signature, typed or printed name of registered agent a	od title if applicable. (NOTE: R	Registered Ager	nt signature required	t when reinstating) DATE			
12.	OFFICERS AND		13.	•	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	ρ	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME .	JENKINS, JAMES D		1.2 NAME				ţ	
STREET ADDRESS			1.3 STREET	ADDRESS			.	
CITY-ST-ZIP	BRADENTON FL 34205		1.4 CITY-S	T-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME .	JENKINS, LEA		2.2 NAME				}	
STREET ADDRESS	A-1-1- A-1-10 A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		2.3 STREET	ADDRESS			ĺ	
CITY-ST-ZIP	BRADENTON FL 34205		2.4 CITY-S	T-ZIP				
TITLE .	probability of the original states	□ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME		· ·	3.2 NAME					
STREET ADDRESS	İ		3.3 STREET	ADDRESS			. 1	
CITY-ST-ZIP			3.4. CITY-5	T-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS	<b>,</b>		4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME .			5.2 NAME				Ì	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY- S	T-ZIP				
me		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME				ļ	
STREET ADDRESS	·		6.3 STREET	T ADDRESS			1	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				

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 districts 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.