1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000092546**1. Corporation Name

J. ARMSMOORE, INC.

Principal	Place	of	Business

Mailing Address

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

04-14-1999 90128 046 \*\*\*150.00



231 NORTHEAST 56 PLACE ORT LAUDERDALE FL 33308	2231 NORTHEAST 56 PLACE FORT LAUDERDALE FL 33308		DO NOT WRITE IN THIS SPACE			
			Date Incorporated or Qualifed     11/12/1996			
2. Principal Place of Business	2a. Mailing Address	•	4. FEI Number 65-0724040	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc	<del>-</del> .	5. Certificate of Status Desired	- \$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 4 25	Zip Country 29 30		This corporation owes the current year Int Personal Property Tax.	angible ☐ Yes ☐ No		
9. Name and Address of Curre	nt Registered Agent	Ι"	10. Name and Address of New Registered	Agent		
JUANITA HEATH 2231 NE 56TH PL FT LAUDERDALE FL 33308		81 Name 82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, the	84 City above-named corp	FL oration submits this statement for the purpose of	85 Zip Code changing its registered		

agent Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes.

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SIGNATURE	Signature, typed or printed name of registered agent and to	tte if applicable. (NOTE: R	egistered Agent signature requ	uired when reinstating)	DAT	E	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	HEATH, JUANITA		1.2 NAME				
STREET ADDRESS	AAAA MAATURAAT FA DI AAF		1.3 STREET ADDRESS		•		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP				
TITLE -	VD	DELETE	2.1 TITLE	ست بسود .		Change	☐ Addition
NAME	HEATH, JAMES H	-	2.2 NAME				
STREET ADDRESS	2231 NORTHEAST 56 PLACE		2.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		``		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	A SAMPLE TO THE TOTAL	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME ,			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	•			
CITY-ST-ZIP	<u></u>		5.4 CITY-ST-ZIP		1.10-1		
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY OF 7ID			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.

