FILED Apr 19, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # paconogage2

J & S INVESTMENTS OF CENTRAL FLORIDA, INC.	
Principal Place of Business Mailing Address	
2021 13 STREET 2021 13 STREET ST. CLOUD FL 34769 ST. CLOUD FL 34769	WEST WETUR OF ACT
DONOTY	WRITE IN THIS SPACE
3. Date Incorporated or Quali 12/09/1996	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 29 29 29 29 29 29 29 29 29 29 29 29 29	Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desire	ed 5 \$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Finance	sing S5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation owes the	
29 25	
9. Name and Address of Current Registered Agent 10. Name and Address of No. 81 Name	
HEMPHILL, JO MARIE  2021 13 STREET  82 Street Address (P.O. Box Number is Not Acc	ceptable)
ST. CLOUD FL 34769	
(1.02000)	
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	FL
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby a 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)	r the purpose of changing its registered accept the appointment as registered
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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. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS