

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 06, 1999 8:00 am  
Secretary of State

03-06-1999 90087 028 \*\*\*150.00

DOCUMENT # P97000006555

1. Corporation Name

J.P.'S YARD WORKS, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1997

4. FEI Number

59-3425450

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

Principal Place of Business

221 GROSBEAK LANE  
NAPLES FL 34114

Mailing Address

PO BOX 2314  
MARCO ISLAND FL 34146  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WOLFE, DAVID L  
500 FIFTH AVENUE SOUTH  
SUITE 509  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

Arnold, John P III

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

221 Grosbeak Ln

83

84 City

Naples

FL

85 Zip Code

34114

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.

John P Arnold III

(NOTE: Registered Agent signature required when reinstating)

2/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ARNOLD, JOHN P III

STREET ADDRESS P.O. BOX 2314

CITY-ST-ZIP MARCO ISLAND FL 34146

TITLE D ☐ DELETE

NAME BERRY, MELISSA

STREET ADDRESS PO BOX 2314 N/A

CITY-ST-ZIP MARCO ISLAND FL 34146

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/O ☒ Change ☐ Addition

1.2 NAME Arnold John P III

1.3 STREET ADDRESS PO Box 2314

1.4 CITY-ST-ZIP Marco Island, FL 34146

2.1 TITLE S/D ☒ Change ☐ Addition

2.2 NAME Arnold, melissa

2.3 STREET ADDRESS P.O. Box 2314

2.4 CITY-ST-ZIP marco Island, FL 34146

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: melissa Arnold sp

2/22/99

(941) 775-9504

CR2E034 (1/98)