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PROFIT. **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700007226

1. Corporation Name J.MARRONE, INC.					
Principal Place of Business	Mailing Address				
1914 OAKDALE LANE N CLEARWATER FL 33764 US	1914 OAKDALE LANE N CLEARWATER FL 33764 US				
2. Principal Place of Business	2a. Mailing Address 26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

FILED Feb 03, 1999 8:00am **Secretary of State**

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J.MARRI	ONE, INC.		•		Ţ				
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1914 OAKDALE		1914 OAKDALE LANE				•			
CLEARWATER FL 33764 CLEARWATER FL 33764 US US			DO NOT WRITE IN THIS SPACE						
00		00			3. Date Incorporated o		1110 01 1101		1
					01/21/1997		* * * * * * * * * * * * * * * * * * * *		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	• .	A	pplied For]
21		26			59-3425822			ot Applicable	4 7
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status	Desired	•	Additional equired	
City & Sta	te	City & State			Election Campaign I Trust Fund Contribu	- 11		May Be to Fees	
Zip	Country	Zip	Cou	untry	8. This corporation ow		r Intangible		
24	. 25	29	30		Personal Property T	ax.	☐ Yes	□No	
	, 9. Name and Address of Current				10. Name and Address	of New Register	red Agent		
МАЯ	RRONE, JOHN	the state of the second		81 Name	•	-			
1914	4 OAKDALE LANE N		•	82 Street Ad	dress (P.O. Box Number is N	ot Acceptable)			7
	ARWATER FL 33764			83		30.5 G EF 174. 1	5	172 0:	\dashv
					English.	经基础	{ } \$ { }	: 14 5 1 34	
150 1 2 4				84 City		F	-L 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State c am familiar with, and accept the obligati	and 607.1508, Florida St	atutes, the a	bove-named co	orporation submits this statem	ent for the purpose	e of changing its	s registered	
unice or i	registered agent, or both, in the State of	JI FIUNUA. SUUN UNANUE W			alium s buaid ui directurs, i ne	COA GOOCHE MIC OF		şgiaterou	
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505,	Florida Stat	utes.		, , ,	,	_	
agent. I a							•	 	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (I	NOYE: Registered		uired when reinstating)	, DATE			(86
		and title if applicable. (I	NOYE: Registered	d Agent signature requ	uired when reinstating) ADDITIONS/CHANG	, DATE			11/98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (F	NOYE: Registered	d Agent signature requ	uired when reinstating)	, DATE	AND DIRECTO	ORS IN 12	٦ 5
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND MARRONE, JOHN C.	and title if applicable. (F	NOYE: Registered 13. 1.1 TI 1.2 N	d Agent signature requ	uired when reinstating) ADDITIONS/CHANG	, DATE	AND DIRECTO	ORS IN 12	F034 (11/98)
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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, and attachment with an address, with all other like empowered.

SIGNATURE: