FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



TLORIDA DEPARTMENT OF STATE

Sandra B. Mortaam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700008116 (0)

FILED May 21 1998 8:00am Secretary of State

JET DE	RYR CORPORATION									
Principal Plac	ce of Business	Mailing Address	L 33710 DO NOT WE 3. Date Incorporated or Qualification of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has Personal Property Tax due J 10. Name and Address of New Personal Property Tax due J 11. Name and Address of New Personal Property Tax due J 12. Street Address (P.O. Box Number is Not Accept as authorized by the corporation's board of directors. I hereby acts authorized by the corporation's board of directors. I hereby acts authorized by the corporation's board of directors. I hereby acts authorized by the corporation's board of directors. I hereby acts authorized by the corporation's board of directors. I hereby acts acts and the statutes. (NOT Registered Agent is gnature required when reinstating) 13. ADDITIONS/CHANGES TO ON ADDITIONS/CHANGES					/(0 0))) 1001		
6529 CENTRA		6529 CENTRAL AVENUE								•
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 3371							50.00			
						-			SPACE	
							•			
2 Principal P	Place of Business	2a. Mailing Address						- 1 0=	antical Fee	
21	izoo oi Edinidas	[26]					75	 +	oplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					<u>ر</u> ر	\$8.75	ot Applicable	
22		27				5. Certificate of Status Desired	لــا		equired	
City & State		City & Stato				6. Election Campaign Financing		\$5.00	May Be	
23		28						Added t		
Zip	Country	Zip	Zip Country				8. This corporation owes or has p	aid the cur	rent year Int	angible
24	25	29	30				Personal Property Tax due Jur] No
ļ <u>.</u>	g, Name and Address of Current	Registered Agent					10. Name and Address of New F	egistered a	Agent	
SNYDER, D. JAY				81	Name					
6529 CENTRAL AVENUE				82	Street	Addres	s (P.O. Box Number is Not Accepta	able)		-
ST	. PETERSBURG FL 33710			22						
				63						
				84	City				85 Zip (Code
At Director to the provisions of Sections 507 0500 and 507 1500 51-24-51-51-51-51-51-51-51-51-51-51-51-51-51-						1		<u>FL</u>		
office or r	registered agent, or both, in the State of	of Florida. Such change was	es, the at authorized	d by	the cor	corporation	ation submits this statement for the is board of directors. I hereby acc	purpose of ept the app	changing in ointment as	s registered registered
agentila	am f ami liar with, and accept the obligat	ions of, Section 607.0505, FI	orida Stat	utes						_
SIGNATURE	Signature, typed or printed more of registered agent	seed the at arout while MA	L Goodelawa	1 600	d e coalus	o too inad i	thon tointlating)	DATE		
12.	OFFICERS AND			Agei	n s graton	c required s			DIRECTOR	S IN 12
TITLE	President/Treasure	☐ DELETE	The second secon			1		702/10 / 1/1 <u>1</u>	Change	Addition
NAME	David Loebenberg		1.2 NAME							
STREET ADDRESS	6529 Central Ave.		1.3 \$		1.3 STREET ADDRESS					
CITY-ST-ZIP		. 22710	/1014.0		· ZIP					
TITLE	St. Petersburg, FL Vice President Dev	elopment DELETE	2.1 10	2.1 TITLE					Change	Addition
NAME	James Spohn	-			.2 NAME					
STREET ADORESS	6529 Central Ave.	2.3 \$		2.3 STREET ADDRESS						
CITY-ST-ZIP	St. Petersburg, FL	33710		T-ZIP						
TITLE	Vice President Eng.								Change	Addition
NAME DESCRIPTION	Freddy Sibley									
STREET ADDRESS	6529 Central Ave.									
CITY-ST-ZIP	St. Petersburg, FL	33710 T DELETE			1 - ZIP				Change	Addition
NAME	Secretary								ET OHOURE	☐ Vaccion
STREET ADORESS	Jay Snyder									
CITY-ST-ZIP	6529 Central Ave.	St. Petersburg	Dotorchurg							
TITLE	TEX								Change	Addition
NAME										
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP										
TITLE		DELETE				T			Change	Addition
NAME			62 NA	ME					-	
STREET ADDRESS			63 ST	AEET A	ADDRESS					
CITY-ST-ZIP			640	TY-ST	- ZIP					
44 I hereby	portify that the information supplied with	thie filing doce not auglitu f	or the eve	mnt	ion state	ad in Sa	otion 110 07(9)(i) Florido Statutos	I further on	elifu that the	information

14. Thereby certify that the information supplied with this filling 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 fursities empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13-11 changed, as an attachment with an address.

ICHATURE AND DASSEDENT DAVID LOCALIER A 2019 (817) 247878