

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 22, 1999 8:00 am
Secretary of State

03-22-1999 90069 006 ***150.00

DOCUMENT # P97000009891

1. Corporation Name

JPL HOME AND YARD MAINTENANCE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2760 SUMAC COURT NAVARRE FL 32566 US		Mailing Address 2760 SUMAC COURT NAVARRE FL 32566	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 702 GLENN PL.	26 702 GLENN PL	59-3447784	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 FT. WALTON BEACH, FL.	28 FT. WALTON BEACH, FL	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	8. This corporation owes the current year Intangible	Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
24 32547	25 U.S.A.	29 32547	30 U.S.A

3. Date Incorporated or Qualified

01/27/1997

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WINTEROD, JAMES V 2760 SUMAC COURT NAVARRE FL 32566		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	WINTEROD, JAMES V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTEROD, JAMES V	1.2 NAME	
STREET ADDRESS	2760 SUMAC COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL 32566	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	Lana Y. Woods (VP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTEROD, III HANES V	2.2 NAME	
STREET ADDRESS	702 GLENN PL	2.3 STREET ADDRESS	2760 SUMAC CT
CITY-ST-ZIP	FT WALTON BEACH FL 32547	2.4 CITY-ST-ZIP	NAVARRE FL 32566
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Sharon J. Winterod <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, TANA Y	3.2 NAME	
STREET ADDRESS	2760 SUMAC COURT	3.3 STREET ADDRESS	377 LOWERY DR.
CITY-ST-ZIP	NAVARRE FL 32566	3.4 CITY-ST-ZIP	FT. WALTON BEACH, FL. 32547
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Paula M. Winterod <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTEROD, PAULA M	4.2 NAME	
STREET ADDRESS	2760 SUMAC COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL 32566	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99 (850) 939-9130

Date

Daytime Phone #

CR2E034 (11/98)