## 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

## DOCUMENT # P97000021224 1. Corporation Name

JAVANATION, INC.

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90004 026 \*\*\*150.00



Mailing Address Principal Place of Business 2919 CARDINAL DRIVE 2919 CARDINAL DRIVE VERO BEACH FL 32963 VERO BEACH FL 32963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/03/1997 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address APPLIED FO Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country (T)(N) 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SAME HUDSON, DOROTHY A Street Address (P.O. Box Number is Not Acceptable) 82 2919 CARDINAL DRIVE VERO BEACH FL 32963 83 Zip Code 84 City 85 2 and 607 508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Blorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered tions of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered agent, or agent. I am familiar with, ar SIGNATURE Signature, typed o stered Agent signature required when ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. FICE S AND DIRECTORS 13. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE HUDSON, DOROTHY A 1.2 NAME NAME 2919 CARNIDAL DRIVE 1.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition \_ DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 curate and that my signature shall have the same le execute this report as required by Chapter 607, F me legal effect as if made under oath; that I am an indicated on this annual report or supple etal annual report is true and ac officer or director of the corporation or Block 12 or Block 13 if changed, or o other like empowered.

SIGNATURE: