Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

## 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 # P97000029282

JAG OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address			
318 LAFAYETTE STREET	1318 LAFAYETTE STREET			
APE CORAL FL 33904	CAPE CORAL FL 33904			

Suite, Apt. #, etc. 27 -- City & State -. City,& State \_ 28 Country Zip Žip Country 30 29 25 24

9. Name and Address of Current Registered Agent

26

Suite, Apt. #, etc.

**FILED** Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90098 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

04/01/1997

65-0741256

4. FEI Number

HILL, THOMAS W			82	Street /	Address (P.O. Box Number is Not Acceptable)			
1318 LAFAYETTE ST			12	Judge 7				
COR	AL GABLES FL 33134		83					
			84	City		85 Zip	Code	
_			104	City	F	EL   100   Ell	Code	
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 of flore 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.								
TITLE .	PTD	DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	GEESER, JOACHIM A		1.2 NAME					
STREET ADDRESS	1318 LAFAYETTE STREET		1.3 STREET	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST	-ZiP			Į	
TITLE	VD	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	GEESER, MANFRED		2.2 NAME		,		ĺ	
STREET ADDRESS	1318 LAFAYETTE STREET		2.3 STREET	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33904		2. 4 CITY-S	r-zip				
TITLE 1	SD	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	GEESER, HELGA		3.2 NAME				ì	
STREET ADDRESS	1318 LAFAYETTE STREET		3.3 STREET	ADDRESS			]	
CITY-ST-ZIP	CAPE CORAL FL 33904		3.4. CITY-S	T-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	HILL. THOMAS W		4. 2 NAME				į	
STREET ADDRESS	1318 LAFAYETTE ST		4.3 STREET	ADDRESS		•	ĺ	
CITY+\$T-ZIP	CAPE CORAL FL 33904		4.4 CITY-ST	- ZIP				
TITLE .		☐ DELETE	5.1 TMLE			Change	☐ Addition	
NAME			5.2 NAME		•		1	
STREET ADDRESS			5.3 STREET	ADDRESS			Ì	
CITY-ST-ZIP			5.4 CITY-ST	-ZIP				
IIITE +		☐ DELETE	6.1 TITLE		•	Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS			Ì	
CITY-ST-ZIP			6.4 CITY-S					
14. I hereby 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								

81 Name

report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or trust Block 12 or Block 13 if changed, or on an attachment with

**SIGNATURE**