

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  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90100 017 \*\*\*150.00

DOCUMENT # P97000030561

1. Corporation Name

JAMCO ENTERPRISES UNLIMITED, INC.

Principal Place of Business  
4324 WORTHINGTON CIRCLE  
PALM HARBOR FL 34685

Mailing Address  
P.O. BOX 4944  
PALM HARBOR FL 34685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1997

4. FEI Number

APPLIED FOR 65-0847887

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3707 MODESTO ST  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 3  
Suite, Apt. #, etc.

City & State

23 NEW PORT RICHEY, FL

Zip Country  
24 34655 25 USA

City & State

27 NEW PORT RICHEY, FL

Zip Country  
29 34656 30 USA

9. Name and Address of Current Registered Agent

SUAREZ, AMPARO M  
4324 WORTHINGTON CIRCLE  
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3707 MODESTO ST

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34655

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

*Amparo M. Suarez*  
Signature, typed or printed name of registered agent and title if applicable.

Amparo M. Suarez  
(NOTE: Registered Agent signature required when reinstating)

4/26/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME SUAREZ, AMPARO M  
STREET ADDRESS 4324 WORTHINGTON CIR  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE VP ☐ DELETE  
NAME SU  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 3707 MODESTO ST  
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME SUAREZ, JOSE  
2.3 STREET ADDRESS 3707 MODESTO ST  
2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Amparo M. Suarez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amparo M. Suarez

4/26/99

Date

(727) 376-5447  
Daytime Phone #

CR2E034 (11/98)

0497746