Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90160 017 \*\*\*158.75

## 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 # P97000031378

1. Corporation Name

STREET ADDRESS

GEORGI	A JOHN'S INC.								
Principal Place	e of Business	Mailing Address				- * INDEIDOL 119 (DEI) OBIN ODEN ON		<b> </b>	[881   841   881
6015 N. 56TH S	,	6015 N 56TH ST							
TAMPA FL 33610 TAMPA FL 33610						DO MOT MOTE		<b>~</b>	
US ·		US				DO NOT WRITE I	N THIS SPA	UE	
						3. Date incorporated or Qualifed			
		1 0 - 11 % Add				04/07/1997 4. FEI Number		Anni	lied For
	lace of Business	2a. Mailing Address				1			Applicable
21	W - 4-	Suite, Apt. #, etc.				NOT APPLICABLE	C1	3.75 Ad	
Suite, Apt.		27 Suite, Apr. #, etc.			_	5. Certifcate of Status Desired		Fee Req	
City & State	e .	City & State				6. Election Campaign Financing		<b>5.00</b> M	
23		28			_	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		country		8. This corporation owes the current			~7.v
24	25	29	30			Personal Property Tax.	<u> </u>		□No
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Regi	stered Agen	it .	
HOW	VARD, MARY E			"	Name				
	E. 124TH AV.		•	. 82	Street Addr	ess (P.O. Box Number is Not Acceptable	)		
	PA FL 33612			83					
1738				83					
				84	City		FL 85	1	
	to the provisions of Sections 607 050	22 and 607 1508 Florida Sta	tutes, the	ahovo.	named corn	oration submits this statement for the pur	pose of chan	ging its re	egistered
11. Pursuant office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, I	authoriz Iorida St	zed by the tatutes.	he corporatio	on's board of directors. I hereby accept th	e appointmer	nt as regi	istered
SIGNATURE						oration submits this statement for the pur on's board of directors. I hereby accept th		nt as regi	istered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NC	OTE: Registe	ered Agent		d when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NC	OTE: Registe	ared Agent			DATE ERS AND DI	RECTOR	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	int and title if applicable. (NC	DTE: Registe	3.		d when reinstating)	DATE ERS AND DI		RS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PST HOWARD, MARY E	int and title if applicable. (NC	DTE: Registe 1: 1.1	3. 1 TITLE 2 NAME	signature required	d when reinstating)	DATE ERS AND DI	RECTOR	RS IN 12
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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 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.

6.3 STREET ADORESS