## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Secretary of State DIVISION OF CORPORATIONS

P97000033278 (7) DOCUMENT #

IT'S JOE & COMPANY, INC.

Mailing Address

## **FILED** Mar 27 1998 8:00am Secretary of State



Principal Place of Business 13300-18 S CLEVELAND AVE 13300-18 S CLEVELAND AVE FT MYERS FL 33907 FT MYERS FL 33907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1997 2. Principal Place of Business 21 13300-18 5, C/EUEIANO 2a. Mailing Address Applied For Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible LEE 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name IANDOLI, JOSEPH 13300-18 S CLEVELAND AVE 62 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33907 В4 City 85 Zip 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 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Change NAME IANDOLI, JOSEPH 1.2 NAME 213 SE 10Th AVE STREET ADDRESS 3509 SE 22ND PL STREET ADDRESS CAPE CORAL FL 33904 COTAL F1. 33990 CITY-ST-ZIP T.DOITY-ST-ZIP DELETE TITLE Change 2.1 TITLE Addition IANDOLI, CAROLYN NAME 2.2 NAME 3509 SE 22ND PL 23)STREET ADDRESS STREET ADDRESS 213 SEIDTH AVE CAPE CORAL FL 33904 CITY-ST-ZIP 2.4 CITY-SI-ZIP DELETE Change TITLE 3 1 TITLE Addition NAME 3.2 NAM6 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change 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.