## 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 # P97000033397

J.J. DEWITT ENTERPRISES, INC.

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Principal Place				ailing Address					- 1				,			
5760 ARLINGTON ROAD  JACKSONVILLE FL 32211  JACKSONVILLE FL 32211																
PROTOCOTTOLE TE SEET									DO NOT WRITE IN THIS SPACE							
		•							3.	. Date Incor	porated or Q	ualifed				
										<u> 04/14/19</u>						
2. Principal Place of Business			2a. Mailing Address					4.	. FEI Numb					Ap	plied For	
21			26						<u>not ap</u>	<u>PLICABLE</u>			<u>.</u> l.		t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5.	5. Certificate of Status Desired   \$8.75 Ad						
City & State			City & State												quired	
City & State			City & State					6.	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May B Added to Fees							
Zip	<del></del>	Country	28	Zip		Cou	nfrv		-							o rees
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		Address of Current		tered Agent		30			10.		Address of		aistered			
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GRE	Gory, Rodne	Y G														
3900 ATLANTIC BLVD.							82	Street A	Address (F	P.O. Box Nu	mber is Not	Acceptat	o <del>le</del> )			
JACH	(sonvil;e fl (	32207					83	~~			<del></del>			-		
	*									<u> </u>				· ·		
							84	City					FI	85	Zip (	Code .
11. Pursuant	to the provisions	of Sections 607.0502	2 and 60	07.1508, Florida	Statute	s, the al	oove-	named o	corporatio	n submits th	is statement	for the p	ourpose of	changi	ing its	registered
office or n	egistered agent, o m familiar with, ar	or both, in the State on accept the obligati	of Florid tions of.	la. Such change Section 607.05	was au 05. Flori	ithorized ida Statu	l by th utes.	ne corpo	oration's bo	oard of direc	tors. I hereb	y accept	the appoi	ntment	as re	gistered
SIGNATURE					,											
SIGNATURE																
	Signature, typed or prin	ted name of registered agent	t and title if	f applicable.	(NOTE:	Registered	Agent s	signature re	equired when r	reinstating)			DATE			
12.		ted name of registered agent OFFICERS ANI		CTORS		Registered	Agent s	signature re			/CHANGES	TO OFF				
	P	OFFICERS AND						signature re			/CHANGES	TO OFF		D DIR		RS IN 12
12.	P JERNIGAN, CI	OFFICERS AND		CTORS		13.	LE	signature re			/CHANGES	TO OFF				
12. TITLE	P JERNIGAN, CI 5760 ARLING	OFFICERS AND LIFTON JOHN TON RD.		CTORS		13. 1.1 TIT 1.2 NA	'LE ME	signature re			/CHANGES	TO OFF				
12. TITLE NAME	P JERNIGAN, CI 5760 ARLING JACKSONVILL	OFFICERS AND LIFTON JOHN TON RD.		CTORS DELE	ETE	13. 1.1 TIT 1.2 NA 1.3 ST	'LE ME	NODRESS			/CHANGES	TO OFF		□ Ch	nange	☐ Addition
12. TITLE NAME STREET ADDRESS	P JERNIGAN, CI 5760 ARLING' JACKSONVILL VP	OFFICERS AND LIFTON JOHN TON RD. E FL 32211		CTORS	ETE	13. 1.1 TIT 1.2 NA 1.3 ST	'LE IME REET A	NODRESS			/CHANGES	TO OFF			nange	
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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 ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP \*\*\*

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90023 038 \*\*\*150.00