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 # **P97000037637**1. Corporation Name

JBA, INC.

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90014 007 ***150.00



						<u> </u>	
Principal Place	of Business	Mailing Address			1 188011.00 1011 1011 1011 0111 0011 001	# 41711 (#816 0)	199 11111 1241 1281
1206 WINTERBERRY LN FERN PARK FL 3283- 1206 WINTERBERRY LN FERN PARK FL 3283-					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					04/24/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26					59-3445377 Not App		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	5 Additional
27					5. Certificate of Status Desired	Fee	Required
City & State City & State					6. Election Campaign Financing		0 May Be
23	28				Trust Fund Contribution	Adde	ed to Fees
Zip			Country	5. 1,110 doi.poi.ann.		nd.	
24 25 29 30			Personal Property Tax. Yes No			No	
	9. Name and Address of Current	t Registered Agent	81	T Ni	10. Name and Address of New Registered	Agent	
INCKGUNI INCK INI			61	Name			
JACKSON, JACK W 1206 WINTERBERRY LN			82	Street Addr	dress (P.O. Box Number is Not Acceptable)		
FERN PARK FL 3283-							20 1 10 25 10 25 10 10 10 10 10 10 10 10 10 10 10 10 10
FERN	FANK FL 3200-		83				
			84	City		85 Zi	ip Code
and the second	Name :				FI		The sections of
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoints	intment as	registered
SIGNATURE					d when reinstating) DATE		
	Signature, typed or printed name of registered agen			nt signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
12.	P OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE NO A	☐ Chang	
TITLE	•	Occere	1.2 NAME			_ `	_
NAME	JACKSON, JACK W			T ADDRESS			{
STREET ADDRESS				1			
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	11-4IP		[] Chang	ge Addition
TITLE			2.2 NAME				, <u> </u>
NAME	JACKSON, BEVERLY M			T ADDRESS			}
STREET ADDRESS	1206 WINTERBERRY LN FERN PARK FL 32730						
CITY-ST-ZIP			2.4 CITY-1	51-ZIF		Chang	ge 🔲 Addition
TITLE	3 <u>1</u>		3.2 NAME			·	
NAME STREET ADDRESS	7 : E F			TADDRESS			, [
	* * * * * * * * * * * * * * * * * * * *		3.4. CITY-5				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31-21		Chang	ge Addition
		_	4. 2 NAME				
NAME				TADDRESS			
STREET ADDRESS	J. 44. * * *		4.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	7(-211		Chang	ge Addition
		<u></u>	5.2 NAME	ĺ			
NAME				T ADDRESS			
STREET ADDRESS	**		5.4 CITY-8		,		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Chang	ge Addition
			6.2 NAME				
NAME	<u></u>			T ADDRESS			
STREET ADDRESS	:		240000				

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: