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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1999

DOCUMENT # **P97000046678**1. Corporation Name

J & P ENTERPRISE R INC

## 

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90008 012 \*\*\*150.00

Principal Place	e of Business	Maning Address								
12406 152ND STREET NORTH JUPITER FL 33458		12406 152ND STREET NORTH JUPITER FL 33458								
							DO NOT WRIT	E IN THIS	SPACE	
	1					3. Date Incorporat	ted or Qualifed			
						05/27/1997				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			A	applied For
21		26	26			65-0758778	}		l N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired   \$8.75 Additional Fee Required			
,		City & State				& Flastian Compo	sian Einanaina		\$5.00	) Nev Bo
City & State		<u> </u>	¬ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23	Country	Zip	Cor	untry				ent voor Into		7 10 7 000
Zip			Country			8. This corporation		ent year mia	XYes	□No
24	25	29	30	т —		Personal Prope		agistered (		
	9. Name and Address of Curren	t Registered Agent		81	Name	TU. Name and Add	aress of New K	egistereu /	ABeiir	.,
0741	WEV DATO(014			61	Name					
STANLEY, PATRICIA 12406 152ND ST N					Street A	ddress (P.O. Box Number	r is Not Accepta	ble)		
JUPI	TER FL 33458			83		-				
				84	City			FL	85 Zip	Code
44 Durauant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es the a	ahove-	-named c	propration submits this sta	atement for the	ourpose of	changing i	ts registered
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized rida Stat	d by ti tutes.	he corpor	ation's board of directors.	I hereby accep	t the appoir	tment as	registered
SIGNATURE						land the second second		DATE		
	Signature, typed or printed name of registered ager	nt and title if applicable. (NO ≀∈	: Registered	a Agent	signature red	uired when reinstating)		DAIL		
4.00	OFFICERS AN	ID DIDECTORS	42			ADDITIONS/CH	ANGES TO OF	ICERS AN	D DIRECT	ORS IN 12
12.		D DIRECTORS	13.			ADDITIONS/CH	ANGES TO OFF	ICERS AN		
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	D Stanley, James E		1.1 TI 1.2 N	ITLE AME		ADDITIONS/CH	ANGES TO OFF	FICERS AN		
TITLE	D .		1.1 TI 1.2 N	ITLE AME	ADDRESS	ADDITIONS/CH	ANGES TO OFF	FICERS AN		
TITLE NAME	D Stanley, James E	☐ OELETE	1.1 TI 1.2 N 1.3 S	ITLE AME		ADDITIONS/CH	ANGES TO OFF	FICERS AN	Change	Addition
TITLE NAME STREET ADDRESS	D STANLEY, JAMES E P.O. BOX 936		1.1 TI 1.2 N 1.3 S	ITLE LAME STREET A		ADDITIONS/CH	ANGES TO OFF	FICERS AN		Addition
NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, JAMES E P.O. BOX 936 HOBE SOUND FL 33475 D	☐ OELETE	1.1 TI 1.2 N 1.3 S 1.4 C	TILE LAME TREET / TIY-ST-		ADDITIONS/CH	ANGES TO OFF	FICERS AN	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D STANLEY, JAMES E P.O. BOX 936 HOBE SOUND FL 33475 D STANLEY, PATRICIA	☐ OELETE	1.1 TI 1.2 Ni 1.3 S 1.4 C 2.1 TI 2.2 Ni	ITLE TREET / CITY-ST- TTLE TAME		ADDITIONS/CH	ANGES TO OF	FICERS AN	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D STANLEY, JAMES E P.O. BOX 936 HOBE SOUND FL 33475 D STANLEY, PATRICIA 12406 152ST NORTH	☐ OELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	ITLE IAME STREET / STY-ST- ITLE IAME STREET /	-ZIP ADDRESS	ADDITIONS/CH	ANGES TO OF	FICERS AN	Change	Addition
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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 appears in the corporation of the corporati

SIGNATURE: