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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DUTT, JERE W JR

235 LELY BEACH RD.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700051150

| 1. Corporation Name  J & G RESOURCES, INC.    | ,0001100                                      |  |  |  |  |  |
|---|---|--|--|--|--|--|
| o a a necocnoco, mo-                          |   |  |  |  |  |  |
| Principal Place of Business                   | Mailing Address                               |  |  |  |  |  |
| 235 LELY BEACH RD.<br>BONITA SPRINGS FL 34134 | 235 LELY BEACH RD.<br>BONITA SPRINGS FL 34134 |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Principal Place of Business                   | 2a. Mailing Address                           |  |  |  |  |  |
| 21  | 26  |  |  |  |  |  |
| Suite, Apt. #, etc.                           | Suite, Apt. #, etc.                           |  |  |  |  |  |
| 22  |   |  |  |  |  |  |
| City & State                                  | City & State                                  |  |  |  |  |  |
| 23  | 28  |  |  |  |  |  |
| Zip Country                                   | Zip Country                                   |  |  |  |  |  |
| 24 25   | 29 30   |  |  |  |  |  |
| 9. Name and Address of Cu                     | rrent Registered Agent                        |  |  |  |  |  |

## **FILED** Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90024 038 \*\*\*550.00



| - 1 | DO NOT WITE IN THIS STAGE                                 |          |                                   |  |  |  |  |
|-----|---|----------|-----------------------------------|--|--|--|--|
| 3.  | Date Incorporated or Qualifed                             |          | <del>-</del>                      |  |  |  |  |
| ł   | 06/09/1997  |          |                                   |  |  |  |  |
| 4.  | FEI Number  |          | Applied For                       |  |  |  |  |
|     | 59-3447931  |          | Not Applicable                    |  |  |  |  |
|     | Certificate of Status Desired                             |          | \$8.75 Additional<br>Fee Required |  |  |  |  |
| 6.  | Election Campaign Financing Trust Fund Contribution       |          | \$5.00 May Be<br>Added to Fees    |  |  |  |  |
| 8.  | This corporation owes the curre<br>Personal Property Tax. | ent year | r Intangible                      |  |  |  |  |
| 10. | Name and Address of New R                                 | Register | red Agent                         |  |  |  |  |
|     |   |          |                                   |  |  |  |  |

Street Address (P.O. Box Number is Not Acceptable)

| BUNITA SPHINGS PL 34134  | 83   |                                   |  |
|--|------|-----------------------------------|--|
| ,  | 84   | City                              | FL 85 Zip Code   |
| 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a | bove | -named corporation submits this s | tatement for the purpose of changing its registered s. I hereby accept the appointment as registered |

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igent. 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: Re | gistered Agent signature re |   |  | DATE |                      |            |  |
|----------------|--|-------------|-----------------------------|---|--|------|----------------------|------------|--|
| 12.            | OFFICERS AND DIRECTORS   |             |                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |      |                      |            |  |
| TITLE          | D  | DELETE      | 1.1 TITLE                   |   |  |      | ☐ Change             | Addition   |  |
| NAME           | DUTT, JERE W JR  |             | 12 NAME                     |   |  |      |                      |            |  |
| STREET ADDRESS | 235 LELY BEACH RD.   |             | 1,3 STREET ADDRESS          |   |  |      |                      |            |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34134  |             | 1.4 CITY-ST-ZIP             |   |  |      |                      |            |  |
| TITLE          | D  | ☐ DELETE    | 2.1 TITLE                   |   |  |      | ☐ Change             | ☐ Addition |  |
| NAME           | DUTT, REGINA K   |             | 2.2 NAME                    |   |  |      |                      |            |  |
| STREET ADDRESS | 235 LELY BEACH RD.   |             | 2.3 STREET ADDRESS          |   |  |      |                      |            |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34134  |             | 2. 4 CITY-ST-ZIP            |   |  |      |                      |            |  |
| TITLE          | VP   | ☐ DELETE    | 3.1 TITLE                   |   |  |      | ☐ Change             | ☐ Addition |  |
| NAME           | DUTT, JERE W III   |             | 3.2 NAME                    |   |  |      |                      |            |  |
| STREET ADDRESS | 720 REDROCK  |             | 3.3 STREET ADDRESS          |   |  |      |                      |            |  |
| CITY-ST-ZIP    | WADSWORTH OH   |             | 3.4. CITY-ST-ZIP            |   |  |      |                      | <u></u>    |  |
| TITLE          | VP   | ☐ DELETE    | 4.1 TITLE                   |   |  |      | ☐ Change             | ☐ Addition |  |
| NAME           | DUTT, JASON  |             | 4, 2 NAME                   |   |  |      |                      |            |  |
| STREET ADDRESS | 665 VINEYARD WAY   |             | 4.3 STREET ADDRESS          |   |  |      |                      | ļ          |  |
| CITY-ST-ZIP    | DOYLESTOWN OH 44230  |             | 4.4 CITY-ST-ZIP             |   |  |      |                      |            |  |
| TITLE          |  | ☐ DELETE    | 5.1 TITLE                   |   |  |      | Change               | ☐ Addition |  |
| NAME           |  |             | 5.2 NAME                    |   |  |      |                      |            |  |
| STREET ADDRESS |  |             | 5.3 STREET ADDRESS          |   |  |      |                      |            |  |
| CITY-ST-ZIP    |  |             | 54 CITY-ST-ZIP              |   |  |      |                      |            |  |
| TITLE          |  | ☐ DELETE    | 6.1 TITLE                   |   |  |      | ☐ Change             | Addition   |  |
| NAME           |  |             | 62 NAME                     |   |  |      |                      |            |  |
| STREET ADDRESS |  |             | 6.3 STREET ADDRESS          |   |  |      |                      |            |  |
| CITY-ST-ZIP    |  |             | 6.4 CITY-ST-ZIP             | Li- C 110 03/2\/i                                 |  | 16.0 | Se . 41 - 4 41 - 15- | <b></b>    |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

OF SIGNING OFFICER OR DIRECTOR