

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90024 032 ***150.00

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DOCUMENT # P97000053533

1. Corporation Name
JOE CASH ENGINEERING, INC.

Principal Place of Business
4422 MUNDELLA CIRCLE
PORT CHARLOTTE FL 33948

Mailing Address
4422 MUNDELLA CIRCLE
PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/17/1997

4. FEI Number
65-0761820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name Charles J. CASH
82 Street Address (P.O. Box Number is Not Acceptable)
3308 Port Charlotte Blvd
83
84 City Port Charlotte FL 85 Zip Code 33952

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE
NAME CASH, JOE C
STREET ADDRESS 4422 MUNDELLA CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

1.1 TITLE VDST ☒ Change ☐ Addition
1.2 NAME CASH, JOE C
1.3 STREET ADDRESS 4422 Mundeella Circle
1.4 CITY-ST-ZIP Port Charlotte, FL 33948

TITLE VD ☐ DELETE
NAME CASH, LAN D
STREET ADDRESS 4422 MUNDELLA CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME CASH, LAN DU
2.3 STREET ADDRESS 4422 Mundeella Circle -
2.4 CITY-ST-ZIP Port Charlotte, FL 33948

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: X

Joseph C. Cash
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/99

Date

(941)629-3721

Daytime Phone #

CR2E034 (11/98)