## 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 # P97000066130

VICTOR	J'S, INC.		-		
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Principal Plac	ce of Business	Mailing Address		F INDELIBOR FIN TOUCH DESIGNATIVE WATER BEAUTH BANKE BANKE	10 BAND BNOT (1060 11111 0811 1801
P.O. BOX 255		P.O. BOX 255	•	·	
GONZALES FL 32560 GONZALES FL 32560					
		•		DO NOT WRITE IN TH	S SPACE
		•	,	3. Date Incorporated or Qualifed	
3 5	N	1 25 14 25 14 1	<u> </u>	07/25/1997	· · · · · · · · · · · · · · · · · · ·
	Place of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21 Suite Ant	# ota	26	<u> </u>	NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		-	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State		6 Floation Compaign Financing	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	
24	25	29	30	Personal Property Tax.	☐Yes ☑No
		f Current Registered Agent	1	10. Name and Address of New Registered	
	19 by 1		81 Name		
	INSON, JOSEPH V	-•	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
VIC 3500 CREIGHTON RD. S3		62 Street A	diess (F.O. Box Number is Not Acceptable)		
PEN	ISACOLA FL 32504		83	· 经规则的 法股份的	125 Charles and the control of
	· * 46.		24 0	1 52 154 15 154 154 154 155 1 1 1 1 1 1 1 1	
		WIN WHILLIEF	84 City	F	L S P COUCE
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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.					
" Office or t	registered agent, or both, in ti	he State of Florida. Such change was a	authorized by the cornor	ation's hoard of directors. I hereby accept the anni	nintment as registered
agent. I a	am familiar with, and accept the	ne obligations of, Section 607.0505, Flo	orida Statutes.	audit o board or directors. Thereby decept the app	omandia do regiotorea
		ne obligations of, Section 607.0505, Flo	orida Statutes.	and a social of directors. Thereby accept the appr	Similarii do registerea
SIGNATURE	Signature, typed or printed name of reg	istered agent and title if applicable. (NOTE	Registered Agent signature req	uired when reinstating) (1997) at DATE	
SIGNATURE	Signature, typed or printed name of reg	istered agent and title if applicable. (NOTE CERS AND DIRECTORS	E: Registered Agent signature req	DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of reg OFFIC	istered agent and title if applicable. (NOTE	E: Registered Agent signature req 13.	uired when reinstating) (1997) at DATE	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of reg OFFIC DP JOHNSON, JOSEPH V	istered agent and title if applicable. (NOTE CERS AND DIRECTORS	E: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of reg OFFIC DP JOHNSON, JOSEPH V P.O. BOX 255	istered agent and title if applicable. (NOTE CERS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFIC DP JOHNSON, JOSEPH V P.O. BOX 255 GONZALES FL 32560	ijstered agent and title if applicable. (NOTE SERS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFIC DP JOHNSON, JOSEPH V P.O. BOX 255 GONZALES FL 32560 V	istered agent and title if applicable. (NOTE CERS AND DIRECTORS	E: Registered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFIC DP JOHNSON, JOSEPH V P.O. BOX 255 GONZALES FL 32560 V CARO, SHONE	istered agent and title if applicable. (NOTE CERS AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90030 022 \*\*\*150.00