

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000082913**

1. Corporation Name

INLAND EMPIRES FINANCIAL SRV. INC.

Principal Place of Business

**3812 WEST LINEBAUGH AVENUE #314
TAMPA FL 33624**

Mailing Address

**3812 WEST LINEBAUGH AVENUE #314
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1997

4. FEI Number

59-3468292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 101 American Center PL

Suite, Apt. #, etc. **109**

22 City & State

23 Tampa, FL

24 33619

25 Hillsborough

2a. Mailing Address

26 101 American Center PL

Suite, Apt. #, etc. **109**

27 City & State

28 Tampa, FL

29 33619

30 Hillsborough

9. Name and Address of Current Registered Agent

**JENKINS, CHRISTINE M MRS
2109 COOL SPRING ROAD
M4
TAMPA FL 33604**

81 Name

Jenkins, Christine M. Mrs.

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

4212 Amberidge Ln. E.

83

M4

84 City

VALRICO

FL

85 Zip Code

33594

10. Name and Address of New Registered Agent

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 **Christine Jenkins**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-7-99 For 5-1-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **JENKINS, BISHOP W**

STREET ADDRESS **3812 WEST LINEBAUGH AVENUE #314**

CITY-ST-ZIP **TAMPA FL 33624**

TITLE **V** ☐ DELETE

NAME **JENKINS, C M MRS**

STREET ADDRESS **3812 WEST LINEBAUGH AVENUE #314**

CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **Jenkins, Bishop W.**

1.3 STREET ADDRESS **101 American Center PL.**

1.4 CITY-ST-ZIP **Tampa FL 33619**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **Jenkins C.M. Mrs**

2.3 STREET ADDRESS **101 American Center PL**

2.4 CITY-ST-ZIP **Tampa FL 33619**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: **SIGNATURE REQUIRED**

6-7-99 For 5-1-99

Date

Daytime Phone #

CR2E034 (5/99)

P97600082913
588421-90001-5

7-7-99
Inland Empire Financial Ser. Inc.
101 American Center pl.
Tampa Fl.

To whom it may concern,
On May, 1999 I sent a check out for One hundred Fifty Dollars
to the Dept. of state, To my surprise I received a second notice
on 7-7-99 saying that the state did not receive my payment
I talk to a representative on 7-7-99, she explain to me that
I need to send my payment in, for One Hundred and Fifty Dollars.
With my second notice. And the state will resubmit this
annual report.

Thank You,
Registered Agent,
Christine Jenkins

