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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000083814 (8)

JON K: PERKINS, JR. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2826 MARLETTE STREET

2826 MARLETTE STREET

**FILED** Jun 22 1998 8:00am Secretary of State



SARASOTA FL 34231	SARASO	SARASOTA FL 34231				DO NOT WRITE IN THIS SPACE					
					3.	Date Incorp	orated or Qu				
						09/26/19	97				
2. Principal Place of Business 2a. Mailing Address						FEI Number				Ar	plied For
21	26	26				65-6	28 PC	503	31	No	ot Applicable
Sulte, Apt. #, etc.	Suite 27	Suite, Apt #, etc.			5. (	Certificate o	Status Des	ired	_ \$		Additional equired
City & State		& State				Election Car	npaign Finai	ncina		\$5.00	May Be
23	28				4	Trust Fund (				Added	
Zip	Country Zip		Country	/	8.	This corpora	lion owes or	has pald	the current	year Int	angible
24	29		30				perty Tax d				] No
9, Name a	nd Address of Current Registered	Agent		1		Name and	Address of I	New Regi	stered Age	nt	
Perkins, Jon I	K JR		81	Name	9						
2826 MARLETTE			82	Street	t Address (P.	O. Box Num	ber is Not A	cceptable	r)		
SARA <b>SO</b> TA FL			ļ.,.		· · · · · · · · · · · · · · · · · · ·			·			
•			83								
			84	City					8	5 Zip	Code
·	ns of Sections 607.0502 and 607.15						· · · · · · · · · · · · · · · · · · ·		FL  °		
agent. I am familiar with	it, or both, in the State of Florida, Su, and accept the obligations of, Sect	lion 607.0505, Fi	lorida Statute	S.	, poracio i o oc			, accept	дрроп		100.010.00
SIGNATURE Signature typed or	printed name of Jege-leved agrest and title it applic	able (NO	TL Registered Ag	ent signatur	re required when r	reinstating)		<del>,</del>	DATE		
12.	OFFICERS AND DIRECTORS	S	13.		Α	DDITIONS/0	CHANGES TO	OFFICE			RS IN 12
TITLE Preside	7.7	DELETE	1.1 TITLE							Change	Additio
NAME JON KY	ecking dr . arlette st		1.2 NAME								
STREET ADDRESS 2526 M	ariette st		1.3 STREET	Address							
City-ST-ZIP SQCASO+	a, FL34231		1.4 CITY - 9	ST - ZIP							
TITLE		DELETE	21 TITLE						L	Change	Additio
NAME			2.2 NAME								
STREET ADORESS			2.3 STREET		· <b> </b>						
CITY-ST-ZIP		DELETE	2. 4 CITY -	ST-ZIP						Change	Additio
TITLE		L DELETE	3.1 TITLE						لسا	Cuanfic	LI Addition
NAME			3.2 NAME	1000000							
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CITY-ST-ZIP		DELFTE	3.4. CITY - 4.1 TITLE	S1-ZIP						Change	Addition
NAME		on the	4. 2 NAME							Onlango	
STREET ADDRESS				ADDRESS							
			4.4 CITY-5		` <b> </b>						
CITY-ST-ZIP TITLE	Alternative designation of the state of the	DELETE	5.1 TITLE	21 - <b>6</b> 10	<del> </del>					Change	Additio
NAME			5.2 NAME							•	
STREET ADDRESS			5.3 STREET	P. ADDRESS							
CITY-ST-ZIP			5.4 CITY - S								
TITLE		DELETE	6.1 TITLE	,, £11	<del> </del>					Change	Additio
NAME			6.2 NAME				<mark>)                                      </mark>	D #	939	- 1	Van
STREET ADDRESS			6.3 STREET	I ADDRESS		~D6.	22799-	-0111	6035		J. W
CITY-ST-ZIP			6.4 CITY- S			來承練了	58,00				6

Thereby 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 attainment with an address.

Jon K. Perkins **P**resident

1/20 Vas

941-925-8335