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 # P97000083814

1. Corporation Name

JON K. PERKINS, JR. ENTERPRISES, INC.

Principal Place of Business	

Mailing Address

2020 MARKETTE STREET

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90110 049 ***150.00



SARASOTA FL				Do NOT WEITS IN THE	ND4.05			
						DO NOT WRITE IN THIS S	PACE	
						3. Date Incorporated or Qualifed 09/26/1997		
2. Principal P	ace of Business	2a. M	failing Address			4. FEI Number	Applied For	
21		26				65-0785031	Not Applicable	
	#, etc		uite, Apt. #, etc.				\$8.75 Additional	
27				5: Certificate of Status Desired	Fee Required			
City & State	e	28	City & State			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 Intar		
24	25	29	30			Personal Property Tax.		
24	9. Name and Address of Cura					10. Name and Address of New Registered Agent		
	0. 1101110			81	Name			
PERKINS, JON K JR			<u> </u>					
2826 MARLETTE STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)				
SAR	ASOTA FL 34231			83				
				84	City	F	85 Zip Code	
		<u>. </u>			<u> </u>	<u> </u>		
11. Pursuant	to the provisions of Sections 607.0	502 and 607	.1508, Florida Statute	s, the above	e-named cor the cornorat	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoint		
agent. I a	m familiar with, and accept the obl	igations of, S	ection 607.0505, Flor	ida Statutes			intent as registered 🔆	
SIGNATURE	•						``_`\	
	Signature, typed or printed name of registered				nt signature requir	red when reinstating) DATE		
12.	OFFICERS	AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	Р		☐ DELETE	11 TITLE	<u>↓</u>		- Acceptant	
NAME	PERKINS, JON K JR			1.2 NAME	E	KILL STATE OF THE		
STREET ADDRESS	2826 MARLETTE STREET			1.3 STREE	TADDRESS	A TOTAL TOTAL PARTY		
CITY-ST-ZIP	SARASOTA FL 34231	,		1.4 CITY-S	T-ZIP	OKOMIS FL. 34275		
TITLE			☐ DELETE	2.1 TITLE	(अ	EC.	Change Change	
NAME				2.2 NAME	37	# 1-15 5; PHE 50	·]	
STREET ADDRESS				2.3 STREE	ADDRESS			
CITY-ST-ZIP				2. 4 CITY-S	ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE	 S	tt.	Continge Regultion	
NAME				3.2 NAME	36	THE SHOO)	
STREET ADDRESS				3.3 STREE	TADDRESS 2	610-015HIPPLKD		
CITY-ST-ZIP				3.4. CITY-5	τ-ZIP 57	18950m FC 3473)		
TITLE			☐ DELETE	4.1 TITLE	3	sec. m m with	☐ Change ☐ Addition	
NAME				4. 2 NAME	7	יסףט צו ינוקיאיבו	•	
STREET ADDRESS				4.3 STREE	TADORESS	John M. Menitt		
CITY-ST-ZIP				4.4 CITY-S	T- ZIP S	Sarasota, FL 34239		
TITLE			☐ DELETE	5.1 T/TLE	_ \	JP	Change Addition	
NAME				5.2 NAME	5	eth A. Dehoff 1826 Marie Hest		
STREET ADDRESS				5.3 STREE	TADDRESS 3	1826 Marie Hesst		
CITY-ST-ZIP				5.4 CITY-S		sarabota RU342/31		
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME				6.2 NAME	İ			
STREET ADDRESS	•			6.3 STREE	T ADDRESS			
CINEEL ADDIRESS	•						ļ	

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 of true ee 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:

OR DIRECTOR