


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90162 036 ***150.00

0421911

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000086150					
1. Corporation Name JORDAN-CARROLL, INC.					
Principal Place of Business 13799 102ND TERR NORTH LARGO FL 33774			Mailing Address 13799 102ND TERR NORTH LARGO FL 33774		
2. Principal Place of Business 21 527 Lillian Dr Suite, Apt. #, etc. 22		2a. Mailing Address 26 527 LILLIAN Dr. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 09/25/1997	
23 City & State Madeira Bch, FL		28 City & State Madeira Bch FL		4. FEI Number 59-3504059-650830206 Applied For Not Applicable	
24 Zip 33708		25 Country Pinellas		29 Zip 33708	
30 Country Pinellas		5. Certificate of Status Desired \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. Yes No		8. Name and Address of Current Registered Agent EVERHART, CAROL 13799 102ND TERR NORTH LARGO FL 33774		9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 527 LILLIAN Dr. 83 84 City Madeira Bch FL 85 Zip Code 33708	
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 PS NAME EVERHART, CAROL STREET ADDRESS 13799 102ND TERR N CITY-ST-ZIP LARGO FL 33784			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 527 Lillian Dr. 1.4 CITY-ST-ZIP Madeira Bch FL 33708		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 727-803-8159

CR2E034 (11/98)