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 # **P97000088979**1. Corporation Name

JML CONSULTANTS OF LAKELAND, INC.

Principal Place	e of Búsiness	Mailing Address		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6017 PIER PLACE DR. 6017 PIER PLACE DR.								
LAKELAND FL 33813 LAKELAND FL 33813						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
	, `					10/15/1997		ļ
<u>.</u>	land of Division	2a Moiling Address			-	4. FEI Number	Δr	plied For
2. Principal Place of Business 2a. Mailing Address		•			59-3477005		ot Applicable	
21	#	Suite, Apt. #, etc.				39 3477003	\$8.75	
		<u> </u>	,			5. Certifcate of Status Desired	Fee Re	
22 27 27 27 27 27 27 27 27 27 27 27 27 2			City & State			6. Election Campaign Financing	\$5.00	May Bo
·, ·- ·		 				Trust Fund Contribution	Added	
Zip	Country	Zip ~ ~ ~ ~	 C ₀	untry		8. This corporation owes the current year li		1
—¬⁻ ˙	25 Z	29	30	,		Personal Property Tax.	Yes	≥ No
24	9. Name and Address of Curren		1301	_		10. Name and Address of New Registered	d Agent	
	- Hans and Hansags of Serious			81	Name			
BYW	ATER, JOSEPH G						· ·	
2000 E. EDGEWOOD DR., STE. 108B				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
	ELAND FL 33803			83				
	22,412 / 2 00000							
				84	City	F	85 Zip	Code
office or r	to the provisions of Sections 607,050, registered agent, or both, in the State of familiar with, and accept the obligations of the collision o	of Florida. Such change was a	authorize	ed by ti	he corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	Clause to a selected name of maintened open	t and title if applicable /NOTI	F: Dogistore	d Agent	signature require	od when rejustating) DATE		
·	Signature, typed or printed name of registered agen				signature require		AND DIRECTO	ORS IN 12
12.	OFFICERS AN	D DIRECTORS	13		signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	DRS IN 12
12.	OFFICERS AN		1.17	TITLE	signature require			
12. TITLE NAME	D LENNY, JAMES M	D DIRECTORS	13 1.17 1.27	TITLE NAME				
12. TITLE NAME STREET ADDRESS	D LENNY, JAMES M 6017 PIER PLACE DR.	D DIRECTORS	13 1.11 1.21 1.35	TITLE NAME STREET	ADORESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENNY, JAMES M	D DIRECTORS	13 1.11 1.27 1.38 1.40	TITLE NAME STREET A	ADORESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LENNY, JAMES M 6017 PIER PLACE DR.	D DIRECTORS	13 1.11 1.21 1.35 1.40 2.11	TITLE NAME STREET A CITY-ST-	ADORESS		☐ Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENNY, JAMES M 6017 PIER PLACE DR. LAKELAND FL 33813	D DIRECTORS DELETE	13 1.17 1.27 1.38 1.40 2.11 2.27 2.38 2.4	TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	Address -ZIP Address		☐ Change	Addition
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ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ared to exemple this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report is

CITY-ST-ZIP

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90035 043 ***150.00

941-646-3966