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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000092830

1. Corporation Name

Principal: Place of Business

JANUS BUILDING AND CONSTRUCTION COMPANY

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125 SOUTH SWOOPE #105 1 1 1 MAITLAND, CITY, PLAZA MAITLAND, FL 32751			125 SOUTH SWOOPE #105 MAITLAND CITY PLAZA MAITLAND FL 32751					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
							J	l	0/27/1997	d Of Qualif	<del>pu</del>			ļ
6 D to -11 D	of Dunings	22	Mailing Address						El Number					Applied For
	ace of Business	$\vdash$	walling Address						PPLIED FO	<b>59</b> −	349	1981	<u></u>	Not Applicable
21			Suite, Apt. #, etc.					^	WELLED TO	<u>n</u>				Additional
Suite, Apt. #, etc.			27					5. C	Certifcate of Stat	us Desired	X)			Required
City & State			City & State					e E	lection Campaig	an Einancia			\$5.0	0 May Be
——————————————————————————————————————			28				-		rust Fund Conti	-	a 🗆			d to Fees
Zip	Country	20	Zip Country				<del></del>	his corporation		urrent v	ear Intai			
				30				ı	ersonal Propert		unone y		Yes	□No
24		Address of Current Registered Agent					l.		Name and Addi		w Regis	stered A	gent	
	5. Haine and Address of Guitain	, togio	idica rigani	8	1	Nai								
BATTEN, JAMES O SR 125 SOUTH SWOOPE #105							Street Address (P.O. Box Number is Not Acceptable)							
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8	2	Str	eet Address	ss (P.O	D. Box Number	is Not Acce	eptable)			ĺ
MAITLAND CITY PLAZA			and the same	8	3									
	LAND FL 32751			ľ									<del> </del>	
***************************************	,			8	4	Cit	у					FL	85 Z	p Code
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 60	07.1508, Florida Statutes,	the abo	ve	-nan	ned corpora	ation s	submits this stat	ement for t	ne purp	ose of c	hanging	its registered
⊷ office or re -agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florid ions of,	la. Such change was auth Section 607.0505, Florida	orized b Statute	y t	the c	corporation's	's boar	rd of directors.	I hereby ac	cept the	appoint	tment as	registered
SIGNATURE		4	4											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re						gistered Agent signature requir				NCES TO		ATE	DIREC	TOPS IN 12
12.	OFFICERS AND	DIRE	☐ DELETE	13.	_			AL	DDITIONS/CHA	NGES TO	OFFICE		Chang	
TITLE	D		□ ficre ie	1.1 TITLE									و، سا	
NAME	BATTEN, JAMES O SR			1.2 NAME										
STREET ADDRESS	125 SOUTH SWOOPE #105				STREET ADDRESS		ESS							
CITY-ST-ZIP	MAITLAND FL 32751			1.4 CITY-ST-ZIP								Chang	ne Addition	
TITLE	D		☐ DELETE	2.1 TITLE										je 🗆 Addition
NAME	BATTEN, MARILYN S	LIV, DESIDETTY O		2.2 NAME									ļ	
STREET ADDRESS	125 SOUTH SWOOPE #105			2.3 STRE	EΤ	ADOR	ESS							}
CITY-ST-ZIP	MAITLAND FL 32751			2. 4 CITY									Chons	e
TITLE		<del>-</del>		3.1 TITLE			,					Chang	e [] Addition	
NAME				3.2 NAME										. '
STREET ADDRESS	PRESS			3.3 STR		ADDR	RESS							·
CITY-ST-ZIP				3.4. CITY-ST-ZIP									A Addisin	
₹TILE			☐ DELETĒ	4.1 TITLE									☐ Chang	ge
NAME				4, 2 NAM	Æ									
STREET ADDRESS				4.3 STRE	ĘΤ	ADDR	RESS							
CITY-ST-ZIP				4.4 CITY-5		-ZIP								
T/TLE			☐ DELETE	5.1 TITLE									☐ Chang	ge
NAME				5.2 NAM	E									
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CITY-ST-ZIP					5.4 CITY-ST-ZIP									
TITLE			☐ DELETE	6.1 TITLE									☐ Chanç	ge 🗌 Addition i
NAME				6.2 NAME										
				6.3 STRE	EET.	ADDR	RESS							

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

407-644-6889

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90188 050 \*\*\*158.75