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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000102625 (5)

J.B. EQUITIES, INC.

FILED Mar 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
5915 SEASIDE DRIVE 5915 SEASIDE DRIVE			ne A		
NEW PORT RICHEY FL 34652		NEW PORT RICHEY FL 34652		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/03/1997	
2. Principal Pl	ace of Business	28. Mail/ig/ddres/	2210	4. FEI Number	Applied For
21		26 10 1043	3319	165-0196814	Not Applicable
Suite, Apt. i	W, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State	n FL	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 44 6450 11	Country (Trust Fund Contribution	Added to Fees
24	25	34230	¬ '/////	 This corporation owes or has paid the Personal Property Tax due June 30. 	Current year intangible ✓ Yes No
[29]	g. Name and Address of Current I	<u> </u>		10. Name and Address of New Registers	
BAUGHMAN, JOHN L 81 Name					
5915 SEASIDE DRIVE NEW PORT RICHEY FL 34652			82 Street Add	Iraca (D.C. Day Number to Not Assessable)	
			Street Add	ress (P.O. Box Number is Not Acceptable)	·
TIET TOTAL TE GROE			83		
			84 City		85 Zip Code
					•L
11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Fiorida 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					
I agent Lam familiar with and accord the obligations of Section 607 U505, Florida Statutes.					
					E
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition
TITLE	BAUGHMAN, JOHN L	□ ottrit	1.2 NAME		Classife Cavanion
NAME Street Adoress	5915 SEASIDE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		1.4 CHTY-ST-ZIP		
TITLE	h	DELETE	2.1 TITLE		Change Addition
NAME	BAUGHMAN, M. JOANNE		2 2 NAME		_ , _
STREET ADDRESS	5915 SEASIDE DRIVE		2.3 STREET ADDRESS		
CITY-\$T-ZIP	NEW PORT RICHEY FL 34652		2 4 CITY-ST-ZIP	·	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3 3 STREET ADDRESS		
CITY - ST - ZIP			3 4. DITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		DOUTE	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		FT CHANGE FT VOOITION
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 arrival 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 furstee 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

SIGNATURE: M. Janne Anghur

H. JOANNE BAUGHMAN Director \$2/98

, (813) 18 847-1614