

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

98 OCT 26 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000103085 (1)

1. Corporation Name

J.G. BILLING SERVICE, INC.

Principal Place of Business  
165 SOUTH PARK  
ST. AUGUSTINE FL 32086

Mailing Address  
165 SOUTH PARK  
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/01/1997

4. FEI Number

59-3486858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UPCHURCH, H. DAVIS JR. ESQ  
UPCHURCH & ESPOSITO, P.A.  
1510 N. PONCE DE LEON  
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE PD  
NAME GIUFFRE, JOHN S ☐ DELETE  
STREET ADDRESS 165 SOUTH PARK, P.O. BOX 840083  
CITY-ST-ZIP ST. AUGUSTINE FL 32085

TITLE STD  
NAME STOKOWSKI, JUDITH ☐ DELETE  
STREET ADDRESS 32 8TH STREET  
CITY-ST-ZIP APALACHICOLA FL 32329

TITLE D  
NAME GIUFFRE, ANNA ☐ DELETE  
STREET ADDRESS BRYNWOOD GARDENS, 3B #8  
CITY-ST-ZIP OLDBRIDGE NJ 08857

TITLE D  
NAME CESARO, JOHN ☐ DELETE  
STREET ADDRESS 17 CLARK COURT  
CITY-ST-ZIP BASKING RIDGE NJ 07920

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 000002674530--7  
-10/28/98-01054-024  
1.4 CITY-ST-ZIP \*\*\*\*455.00 \*\*\*\*455.00

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 000002674530--7  
-10/28/98-01054-025  
2.4 CITY-ST-ZIP \*\*\*\*95.00 \*\*\*\*95.00

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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)(f), 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.

SIGNATURE:

SIGNATURE REQUIRED

8/24/98 471-6161

CR2E034 (5/98)