

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90160 031 ***150.00

DOCUMENT # **P98000002499**

1. Corporation Name
JB TECHNOLOGIES, INC.

Principal Place of Business
**129 N. MAIN STREET
BROOKSVILLE FL 34601**

Mailing Address
**129 N. MAIN STREET
BROOKSVILLE FL 34601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/08/1998

4. FEI Number
59-3487290

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business
21 13188 N. Dale Mabry
Suite, Apt. #, etc.

2a. Mailing Address
26 13188 N. Dale Mabry
Suite, Apt. #, etc.

22 City & State
23 Tampa, FL

27 City & State
28 Tampa, FL

24 Zip **33618** Country **25 Hillsborough**

29 Zip **33618** Country **30 Hillsborough**

9. Name and Address of Current Registered Agent

**UNDERWOOD, ALAN W
129 N. MAIN STREET
BROOKSVILLE FL 34601**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BURKMAN, JOHN D	20820 RIVER DRIVE, UNIT B-36	DUNELLON FL 34431	<input type="checkbox"/>
D	BURKMAN, LINDA A	20820 RIVER DRIVE, UNIT B-36	DUNELLON FL 34431	<input type="checkbox"/>
D	BURKMAN, JUSTIN M	3202 COLWELL AVE., APT. UNIT 2402	TAMPA FL 33614	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: **Justin Burkman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 22 99
Date

813 962 6570
Daytime Phone #

CR2E034 (1/98)