

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 09, 1999 8:00 am
Secretary of State

04-09-1999 90014 008 ***150.00

DOCUMENT # P98000003710

1. Corporation Name
JABOA ENTERPRISES, INC.

Principal Place of Business
14651 PINE GLEN CIRCLE STE 911
LUTZ FL 33549

Mailing Address
14651 PINE GLEN CIRCLE STE 911
LUTZ FL 33549



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1998

4. FEI Number

59-3490333

Applied For

Not Applicable

6. 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

2. Principal Place of Business

21 13635 Easy St.

Suite, Apt. #, etc.

22 SUITE 911

City & State

23 HUDSON, FLORIDA

Zip

24 34669

25 USA

2a. Mailing Address

26 13635 Easy St

Suite, Apt. #, etc.

27 SUITE 911

City & State

28 HUDSON, FLORIDA

Zip

29 34669

30 USA

9. Name and Address of Current Registered Agent

BASTIAN, NANCY
14651 PINE GLEN CIRCLE STE 911
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name NANCY BASTIAN

82 Street Address (P.O. Box Number is Not Acceptable)
9416 PEBBLE GLEN

83

84 City TAMPA

FL

85 Zip Code
33647

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

Nancy Bastian

1/28/99

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 D ☐ DELETE
NAME IRWIN, MICHAEL
STREET ADDRESS 14651 PINE GLEN CIRCLE STE 911
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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 D ☒ Change ☐ Addition
1.2 NAME MICHAEL IRWIN
1.3 STREET ADDRESS 13635 Easy St
1.4 CITY-ST-ZIP HUDSON, FL 34669

2.1 TITLE O ☐ Change ☒ Addition
2.2 NAME KAREN SELZER
2.3 STREET ADDRESS 13635 Easy St
2.4 CITY-ST-ZIP HUDSON, FL 34669

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)(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:

X MICHAEL IRWIN

X 3/31/99

X 727-808-2117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0375849