

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90157 026 ***158.75

DOCUMENT # P98000006334

1. Corporation Name

J. GROUND ZERO PRODUCTIONS, INC.

Principal Place of Business

**805 DOUGLAS AVE. STE. 159
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**805 DOUGLAS AVE. STE. 159
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1998

4. FEI Number

59-3488911

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

7. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1051 Douglas Ave

2a. Mailing Address

26 1051 Douglas Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Altamonte Springs FL

City & State

28 Altamonte Springs FL

Zip

24 32714

Country

Zip

29 32714

Country

30

9. Name and Address of Current Registered Agent

**HIGGINS, JAMES K
805 DOUGLAS AVE. STE. 159
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name

James K. Higgins Jr

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

1051 Douglas Ave

83

84 City

Altamonte Springs FL

85

Zip Code 32714

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 **D** ☐ DELETE

NAME **HIGGINS, JAMES K**
STREET ADDRESS **613 LONGMEADOW CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☒ DELETE

NAME **CARLISI, ROBERT F**
STREET ADDRESS **279 CHURCHILL DR.**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☒ DELETE

NAME **NEWTON, BRIAN R**
STREET ADDRESS **328 NEEDLES TRAIL**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ DELETE

NAME
STREET ADDRESS
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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition

42 NAME **P.O. James K. Higgins Jr**

43 STREET ADDRESS **613 Longmeadow Circle**

44 CITY-ST-ZIP **Longwood, FL 32779**

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES K. Higgins Jr

Pres.

Date

3/13/99

Daytime Phone #

774-2223

CR2E034 (1/198)