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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000012671

1. Corporation Name
ETJ-SCAPE, INC.

Principal Place of Business
**307 OSCEOLA COURT
NICEVILLE FL 32578**

Mailing Address
**307 OSCEOLA COURT
NICEVILLE FL 32578**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1998

4. FEI Number

59-3518654

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

2. Principal Place of Business

21 **3801 PLAZA TOWER DRIVE**

Suite, Apt. #, etc.

22 City & State

23 **BATON ROUGE LA**

Country

24 **70816**

25

2a. Mailing Address

26 **3801 PLAZA TOWER DRIVE**

Suite, Apt. #, etc.

27 City & State

28 **BATON ROUGE LA**

Country

29 **70816**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTHEWS, DANA C
607 HIGHWAY 98 EAST
DESTIN FL 32541**

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE

PRESIDENT / DIRECTOR

☐ Change

☒ Addition

1.2 NAME

STEWART JUNEAO

1.3 STREET ADDRESS

3801 PLAZA TOWER DRIVE

1.4 CITY-ST-ZIP

BATON ROUGE LA 70816

2.1 TITLE

TREASURER

☐ Change

☒ Addition

2.2 NAME

NEIL JUNEAO

2.3 STREET ADDRESS

3801 PLAZA TOWER DRIVE

2.4 CITY-ST-ZIP

BATON ROUGE LA 70816

3.1 TITLE

SECRETARY

☐ Change

☒ Addition

3.2 NAME

CARLA JUNEAO

3.3 STREET ADDRESS

3801 PLAZA TOWER DRIVE

3.4 CITY-ST-ZIP

BATON ROUGE LA 70816

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:

SIGNATURE REQUIRED JUNEAO

4/29/99

(225) 292-2882

CR2E034 (1/98)