

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90107 030 ***150.00

DOCUMENT # P98000032491

1. Corporation Name
JAMES A. ROSS, INC.

Principal Place of Business

37 ANDORRA ST
LEHIGH ACRES FL 33936

Mailing Address

37 ANDORRA ST
LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1998

4. FEI Number

59-3535529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 27601 ARROYAL RD

Suite, Apt. #, etc.

22 No 132

City & State

23 BONITA SPRINGS, FL

Zip

24 34135

Country

25 USA

2a. Mailing Address

26 27601 ARROYAL RD

Suite, Apt. #, etc.

27 No 132

City & State

28 BONITA SPRINGS, FL

Zip

29 34135

Country

30 USA

9. Name and Address of Current Registered Agent

ROSS, JAMES A
37 ANDORRA ST
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name

ROSS, JAMES A.

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

27601 ARROYAL RD # 132

83

84

BONITA SPRINGS

FL

85 Zip Code

34135

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
D
ROSS, JAMES A
37 ANDORRA ST
LEHIGH ACRES FL 33936

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
ROSS, JAMES A.
27601 ARROYAL RD # 132
BONITA SPRINGS, FL 34135

☒ Change ☐ Addition

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4/14/99 941/278-557

0450975

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