02041999-90013-005-\$150.00-\$150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Feb 04, 1999 8:00 am Secretary of State

02-04-1999 90013 005 \*\*\*150.00

DOCUMENT # P9800036096  1. Corporation Name  JB MAINTENANCE & SUPPLY, INC.  Principal Place of Business  Mailing Address									•
•		1426 N. STATE RD. 7							•
1426 N. STATE RD. 7 MARGATE FL 33063 MARGATE FL 33083									,
";'	PF 12 F/ 5 V/42					DO NOT WRITE IN TH	HIS SPACE	<del></del> -	
. 1 4/						3, Date Incorporated or Qualified			
		2a. Mailing Address				04/20/1998 4. FEI Number	. An	plied For	
<del></del> -	tace of Business	2a. Maining Address				65-0845 351	<del></del>	t Applicable	Ĺ
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	dditional	Ċ
22	;	27				5. Censcate of Status Desired	Fee Re	quired	Ì
.City & Stat	e	City & State				6. Election Campaign Financing	•	May Be	-
23		28	Contract	nto.		Trust Fund Contribution	Added t	D F868	Ž
Zip	Country	Zip	Cour	· ra À		<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	Yes	□No	
24	9. Name and Address of Current		<u>''</u>			10. Name and Address of New Registers	ed Agent		;
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			81 Na	me			1	
BUL	LIS, JAMES P		ì	82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)			
	N. STATE RD. 7					1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		:
MAR	GATE FL 33063		i	83					
Y	• •	THE STATE OF THE S	Ì	84 Cit	•		85 Zip (		
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes of Florida, Such change was aut one of, Section 607.0505, Florid	the at horized ta Stati	by the c	ned corpo corporation	ration submits this statement for the purposa is board of directors. I heraby accept the ap	of changing its pointment as ne	registered gistered	
SIGNATURE								<u> </u>	_ ;
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered			when resistating) DATE		<u> </u>	(86
12.	OFFICERS AND	and use if applicable. (NOTE: R	tagislared	Agent signs				<u> </u>	(11/98)
12.	OFFICERS AND	and title if applicable. (NOTE: R	Registered	Agent eigne LE		when resistating) DATE	AND DIRECTO	<u> </u>	34 (11/98)
12. TITLE	OFFICERS AND BULLIS, JAMES P	and use if applicable. (NOTE: R	13. 1.1 TO 1.2 NA	Agent eigne LE	pare required	when resistating) DATE	AND DIRECTO	<u> </u>	E034 (11/98)
12.	OFFICERS AND BULLIS, JAMES P	and use if applicable. (NOTE: R	13. 1.1 TO 1.2 NA 1.3 \$T	Agent eigne LE ME	pare required	when resistating) DATE	AND DIRECTO	RS IN 12	SRZE034 (11/98)
12. TITLE NAME STREET ADDRESS	D BULLIS, JAMES P 1426 N. STATE RD. 7	and use if applicable. (NOTE: R	13. 1.1 TO 1.2 NA 1.3 \$T	Agent eigne LE ME REET ADOR	pare required	when resistating) DATE	AND DIRECTO	<u> </u>	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLIS, JAMES P 1426 N. STATE RD. 7	and USe If applicable. (NOTE: R) DIRECTORS	13. 1.1 TII 1.2 NA 1.3 STI 14 CII 2.1 TII 2.2 NA	Agent eigne LE ME REET ADOR IY-ST-ZIP LE ME	iture required	when resistating) DATE	AND DIRECTO	RS IN 12	CRZE034 (11/98)
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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 ceth; that I am ar 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: \_

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