

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90025 003 \*\*\*150.00

**DOCUMENT # P98000038382**

1. Corporation Name

**JBTR ENTERPRISES, INC.**

Principal Place of Business

**3315 LIGHTHOUSE POINTE LANE  
JACKSONVILLE FL 32250**

Mailing Address

**3315 LIGHTHOUSE POINTE LANE  
JACKSONVILLE FL 32250**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1998**

4. FEI Number

**59-3514053**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution ☐

Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21** **Same**

**26** **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**ROBERTS, JOHN B  
3315 LIGHTHOUSE POINTE LANE  
JACKSONVILLE FL 32250**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

10. Name and Address of New Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **ROBERTS, JOHN B**  
STREET ADDRESS **3315 LIGHTHOUSE POINTE LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32250**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE

NAME **ROBERTS, TERRI L**  
STREET ADDRESS **3315 LIGHTHOUSE POINTE LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32250**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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.

SIGNATURE:

*Signature of John B. Roberts*

7-15-99

(904)992-4440

CR2E034 (5/99)

596546-90025-3  
P98000038382

## JBTR Enterprises, Inc.

3315 Lighthouse Point Lane  
Jacksonville, Florida 32250  
Phone 904.992.8901

July 15, 1999

Division of corporations  
Annual Reports Filings  
P. o. Box 1500  
Tallahassee, Fla. 32302-1500

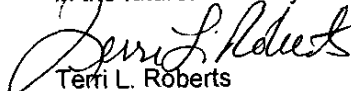
RE: 1999 Profit Corporations Annual Reports

To Whom It May Concern:

I have attached the Filing information along with the Fee of \$150.00. Please let me explain. This is the first year we were a corporation and to my knowledge we never received the original request for the filing fee. I met with my accountant today and he will make sure we file this in a timely manner from here on.

I did contact your office today and explained that I did not receive the first filing and because this was our first year I dropped the ball.

Again, I apologize for any problems this may have caused and we will be sure to respond timely in the future. Thank you.

  
Terri L. Roberts  
Vice President