## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999

## DOCUMENT # P98000043894

1. Corporation Name

J & B INVESTMENTS OF PINELLAS, INC.

Principal Place of Business Mailing Address						DISE SESSE BEAR SOME
118 ST. IVES DR. 118 ST. IVES DR.						
PALM HARBOR FL 34684 PALM HARBOR FL 34684						
				DO NOT WRITE IN THIS SPACE		
	,				3. Date Incorporated or Qualifed 05/15/1998	
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For
21	26				59-3510717	Not Applicable
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.					5 Additional
22	27				Fee	Required
City & State	City & State City & State					0 May Be
23	28				Trust Fund Contribution Adde	ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	F7.1.
24	25	29 30	0		Personal Property TaxYes	MNo
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent	
MEC	HAS IOHN		81	Name		
MECHAS, JOHN 118 ST. IVES DR.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
PALM HARBOR FL 34684						
FALI	N HANDON FE 34004	•	83			
			84	City	FL 85 Z	ip 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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						. registered
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE			1.1 TITLE		A/O Chang	ge 🔀 Addition
NAME			1.2 NAME		JOHN MECHAS	
STREET ADDRESS	1.3 ST		1.3 STREET	F ADDRESS	118 57 7023 04	
CITY-ST-ZIP		u-2001-171	1.4 CITY-ST-ZIP		118 ST TUES DR IALM HARBOR FL 34684	
TITLE		☐ DELETÉ	2.1 TITLE		☐ Chan	ge 🔲 Addition (
NAME	2.2 N		2.2 NAME			ŀ
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	and the second s	
TITLE		☐ DELETE	3.1 TITLE		Change	ge 🗌 Addition
NAME			3.2 NAME		:	
STREET ADDRESS			3.3 STREET	F ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	*****	
TITLE	☐ DELETE 4.1 TI		4.1 TITLE		☐ Chan	ge 🗌 Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	F ADDRESS		
CITY-ST-ZIP			4.4 CfTY-S	T-ZIP		
TITLE			5.1 TITLE		☐ Chan	ge 🗌 Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETÉ	6.1 TITLE		☐ Chan	ge
NAME			6.2 NAME			í

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

May 03, 1999 8:00 am Secretary of State

05-03-1999 90042 039 \*\*\*150.00