

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

DOCUMENT # P98000045803

1. Corporation Name
J & S POWER PAGE, INC

Principal Place of Business

3102 AVOCET PLACE
SAFETY HARBOR FL 34695

Mailing Address

3102 AVOCET PLACE
SAFETY HARBOR FL 34695

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90110 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1998

4. FEI Number

59-351-2749

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 1808 MAIN ST

Suite, Apt. #, etc.

22

City & State

23 DUNEDIN, FL

Zip

24 34698

Country

25 PINELLAS

2a. Mailing Address

26 1808 MAIN ST

Suite, Apt. #, etc.

27

City & State

28 DUNEDIN, FL

Zip

29 34698

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

WALTZ, JANE
3102 AVOCET PLACE
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name

J & S POWER PAGE

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

1808 MAIN ST

83

84 City

DUNEDIN

FL

85 Zip Code

34698

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

PSVT
WALTZ, JANE
3102 AVOCET PLACE
SAFETY HARBOR FL 34695

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
WALTZ, JANE
3102 AVOCET PLACE
SAFETY HARBOR FL 34695

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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

☐ 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:

Jane A. Waltz JANE A. WALTZ

Date

1/22/99

Daytime Phone #

727-738-4444

CR2E034 (11/98)