

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90022 001 ***150.00

DOCUMENT # P980000550.26

1. Corporation Name

JASPRO, INC.

Principal Place of Business

Mailing Address

231 TALQUIN COVE
DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6-19-98

4. FEI Number

59-3522096

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax.☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES A. SHARPE, JR.
231 TALQUIN COVE
DESTIN, FL 32541

81 Name

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

83

84 City

FL

85 Zip 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 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

D, P, S, T

☐ DELETE

NAME

JAMES A. SHARPE, JR.

STREET ADDRESS

231 TALQUIN COVE

CITY-ST-ZIP

DESTIN, FL 32541

TITLE

VP

☐ DELETE

NAME

JAMES A. SHARPE

STREET ADDRESS

4233 MARYSA DRIVE

CITY-ST-ZIP

NICEVILLE, FL 32578

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

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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:

JAMES A. SHARPE JR.

JAMES A. SHARPE JR.

6-14-99/450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

P98000055026
588387-90020-9

JASPRO, INC.
231 TALQUIN COVE
DESTIN, FL 32541
850-654-4550

June 11, 1999

Katherine Harris, Secretary of State
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Secretary Harris:

Enclosed please find the annual report for JASPRO, INC. for 1999.

I was unaware of the requirements to file this report until it was recently brought to my attention. I never received the preprinted form from your department; therefore, I requested one immediately and am sending it now along with my filing fee of \$150.00.

I request that any late fees be waived because of the circumstances. I appreciate this consideration.

Yours truly,

James A. Sharpe, Jr.

James A. Sharpe, Jr., President