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 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1333	
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SIGNATURE:

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

07-27-1999 90028 027 ***150.00

DOCUMENT # P98000069421 J & J UNLIMITED OF VOLUSIA COUNTY, INC.				* ° 5§6740′ - 90028 - 2/			
Principal Place		Mailing Address					
1540 POPLAR D DRMOND BEAC		ORMOND BEACH FL 32174	4				
					DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualified		
0. Daine in al Oi	lana of Divisional	2a. Mailing Address			08/05/1998 4. FEI Number Ap	oplied For	
2. Principal Place of Business 2a. Mailing Address				PO OFOFICO	ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75	Additional		
2 27				5. Certificate of Status Desired Fee Re	equired		
City & State - City & State 28					May Be to Fees		
Zip	Country	Zip	Cou	ıntry	This corporation owes the current year		
4	25	29	30		Intangible Personal Property. Yes	No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent		
l ENA	ie ienby e			81 Name			
	is, jerry e Poplar drive			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	OND BEACH FL 32174			83			
011111	DEROTT C SETT			63			
				84 City	FL 85 Zip	Code	
office or i	registered agent, or both, in the State	of Florida. Such change was a	authorize	d by the corporat	oration submits this statement for the purpose of changing its reion's board of directors. I hereby accept the appointment as re	egistered egistered	
_	am familiar with, and accept the obliga	ations of, section 607.0505, Fi	onda Sta	tutes.			
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (No	OTE: Registe	ered Agent signature rec	uired when reinstating) DATE		€
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12	CR2E034 (5/99)
TITLE	D	DELETE	1.1 TI		L Change	Addition	4
NAME	LEWIS, JUDY L		1.2 N		,		္ပ
STREET ADDRESS	1540 POPLAR DRIVE			TREET ADDRESS			ጷ
CITY-ST-ZIP TITLE	ORMOND BEACH FL 32174	□ PELETE	1.4 C 2.1 TI	ITY-ST-ZIP	Change	Addition	ਹ
NAME	LEWIS, JERRY E	☐ DELETE	2,2 N		Change	Againon	
STREET ADDRESS	1540 POPLAR DRIVE			TREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32174			ITY-ST-ZIP			
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NAME	- 1	_	3.2 N	AME	· <u>-</u>		
STREET ADDRESS			3.3 S	TREET ADDRESS		İ	
CITY-ST-ZIP			_	ITY-ST-ZIP			
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NAME	~		4.2 N				
STREET ADDRESS				TREET ADDRESS			
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NAME	•		5.2 N	[Change	L Addition	
STREET ADDRESS	The same of the sa			TREET ADDRESS			
CITY-ST-ZIP	•			ITY-ST-ZIP			
TITLE		DELETE	6.1 TI		Change	Addition	
NAME		_	6.2 N	AME			
STREET ADDRESS			6.3 S	TREET ADDRESS			
CITY-ST-ZIP			6.4 C	ITY-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 receives or trustee simpowered 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 a address.



July 22, 1999

Florida Department of State Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL. 32302-1500

To Whom It May Concern:

We have been notified by your department for a Second notice for filing fees of \$550.00. We have not seen a First notice from you and being a first year company, we did not know of this cost. If we had received it, we would have paid. We are trying to learn everything there is to know about business and I guess is one of them. Is there anyway, to abate this cost of \$550.00 and pay the initial fee.

Sincerely,

Jerry and Judy Lewis



" LICENSED AND INSURED"