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

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90149 004 ***150.00

DOCUMENT #	P98000080449
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JANA TH	RUCKING, INC.						
Principal Place	e of Business	Mailing Address			T (MANIEM) HIM (DID) JANIE ABRIE ABRIE BOUR	98 181 18111 88111 81011 8	FB.LB 1811 1884
14795 OLD OLG		14795 OLD OLGA ROAD					
FORT MYERS FL 33905 FORT MYERS FL 33905					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	THIS OF AGE	
					09/14/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	olied For
21		26			65-0863659	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Rec	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	
23		28	Country		Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Country 30	•	This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Curr	<u> </u>	30		10. Name and Address of New Registe		
	3. Name and Address of Our	ent registered rigent	81	Name			
	tsch, Jana		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	95 OLD OLGA ROAD		02	Street Aut	diess (F.O. Box Number is Not Acceptable)		
FOR	T MYERS FL 33905		83				
			84	City		85 Zip C	Code
	•			ļ		FLlli	
-46	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	to of Clorida. Such change was all	thorized by	the comora	rporation submits this statement for the purpo tion's board of directors. I hereby accept the	se of changing its appointment as req	registered gistered
SIGNATURE					red when reinstating) DA		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS		13.	nt signature requi	red when reinstating) DA' ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	BERTSCH, MICHAEL	•	1.2 NAME	-			
STREET ADORESS	4470E OLD OLOA DOAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL 33905		1.4 CMY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	-	***************************************	☐ Change	☐ Addition
NAME	BERTSCH, JANA		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33905		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE =	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CfTY-	ST-ZiP			prod a 4 100
TITLE		☐ DELETE	4,1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			Change	☐ Addition
TITLE		☐ DELETÉ	5.1 TITLE			Change	☐ Addition
NAME	į		5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		□ Be: FT=	5.4 CITY- 9 6.1 TITLE	51-ZIP		Chanca	☐ Addition
TITLE		☐ DELETE				☐ Change	
NAME	1		6.2 NAME				

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:

STREET ADDRESS