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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000082753

1. Corporation Name
JEMPO, INC.

Principal Place of Business

7 CORONA CIRCLE
HILLSDALE MI 49242

Mailing Address

1500 COLONIAL BLVD. SUITE 103
FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1998

4. FEI Number

65 0864677

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 13300-56 S. CLEVELAND

Suite, Apt. #, etc.

22 FT. MYERS, FLA

City & State

23 33907

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MILLIGAN, JOHN P JR
1500 COLONIAL BLVD, SUITE 103
FT MYERS FL 33907

10. Name and Address of New Registered Agent

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 ☐ DELETE
NAME MAHATZKE, JAMES E
STREET ADDRESS 7 CORONA CIRCLE
CITY-ST-ZIP HILLSDALE MI 49242

TITLE D ☐ DELETE
NAME MAHATZKE, DAVID E
STREET ADDRESS 3409 SW 1ST AVE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE D ☐ DELETE
NAME MAHATZKE, VIRGINIA L
STREET ADDRESS 7 CORONA CIRCLE
CITY-ST-ZIP HILLSDALE MI 49242

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME JAMES E. MAHATZKE
1.3 STREET ADDRESS 7 CORONA CIR
1.4 CITY-ST-ZIP HILLSDALE MI 49242

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME DAVID E. MAHATZKE
2.3 STREET ADDRESS 3409 SW 1ST AVE
2.4 CITY-ST-ZIP CAPE CORAL FL 33914

3.1 TITLE SEC. TREASURER ☐ Change ☒ Addition
3.2 NAME VIRGINIA L. MAHATZKE
3.3 STREET ADDRESS 7 CORONA CIR
3.4 CITY-ST-ZIP HILLSDALE MI 49242

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

VIRGINIA L. MAHATZKE

Date

2/3/99

Daytime Phone #

517 439 9161

CR2E034 (1/198)