

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
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DOCUMENT # P98000082768

1. Corporation Name  
JERRY BALL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

708 DORADO CT.  
BRANDON FL 33511

708 DORADO CT.  
BRANDON FL 33511

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

BALL, JERRY  
708 DORADO CT.  
BRANDON FL 33511

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	<input checked="" type="checkbox"/> DELETE
NAME	BALL, JERRY	
STREET ADDRESS	708 DORADO CT.	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BALL, THELMA	
STREET ADDRESS	708 DORADO CT.	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	

21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	

41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1998

4. FEL Number

59-3538927

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

10. Name and Address of New Registered Agent

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99 813 6846805

0375515

CR2E034 (11/98)