

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
1999



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

FILED
Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90005 014 ***150.00

612422 - 90005 - 14



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1998

4. FEI Number

☒ 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.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MAZZARELLA, JILL M
1025 LAKE ASBURY DRIVE
GREEN COVE SPRINGS FL 32043

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 reinstalling)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAZZARELLA, JILL M	
STREET ADDRESS	1025 LAKE ASBURY DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAZZARELLA, VINCENT J.	
1.3 STREET ADDRESS	1025 LAKE ASBURY DRIVE	
1.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
2.1 TITLE	VICE PRES SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAZZARELLA, TERESA M.	
2.3 STREET ADDRESS	1025 LAKE ASBURY DR.	
2.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Jill M. Mazzarella* JILL M. MAZZARELLA Pres 8/28/99 (904) 282-9368

CR2E034 (5/99)

P98000086949

612422-90003-14

Aug. 29, 1999

JTV Properties, Inc.

1025 Lake Asbury Dr.

Green Cove Spgs, Fl. 32043

(904) 282-9368

Dept. of State

Division of Corporations: Katherine Harris, Secty. of State

P.O. Box 6327

Tallahassee, Fl. 32314

Gentlemen:

Upon telephoning your office, for advice, I was told to write a cover letter stating that I never received an original notice (or first notice) in the mail. Sometimes we have substitute mail carriers and since my last name did not appear, he/she may not have delivered it here, or it may have gone to someone else on the block -

This is a new corporation & I thought my attorney had filed whatever needed to be done.

In the future, I will be expecting this form & will call if I don't receive it. I have also advised my post office.

I am enclosing a check for \$150.00 filing fee. Thank you.

Sincerely,

Jill M. Marzarella, Pres.