

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90002 049 ***150.00

DOCUMENT # P98000098345

1. Corporation Name
J. BAR J., INC.

Principal Place of Business
 211 GRANDVILLE ROAD
 NORTH FORT MYERS FL 33917

Mailing Address
 P.O. BOX 3683
 NORTH FORT MYERS FL 33918

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/23/1998

4. FEI Number **65-0880238**
 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

2. Principal Place of Business
 21 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

JOHNSON, LARRY A
 211 GRANDVILLE ROAD
 NORTH FORT MYERS FL 33917

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOHNSON, LARRY A	
STREET ADDRESS	211 GRANDVILLE ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	JOHNSON, ALICE D	
STREET ADDRESS	211 GRANDVILLE ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, KEITH W	
STREET ADDRESS	211 GRANDVILLE ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, BRETT A	
STREET ADDRESS	211 GRANDVILLE ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LIPPINCOTT, TRINA L	
STREET ADDRESS	211 GRANDVILLE ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: *Larry A Johnson* **JOHNSON** **7-7-99** **941-9977952**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

588515-9000241

J. BAR J., Inc.
1641 N. Tamiami Trail
North Fort Myers, Fl 33903
941-997-7982

Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

July 7 1999

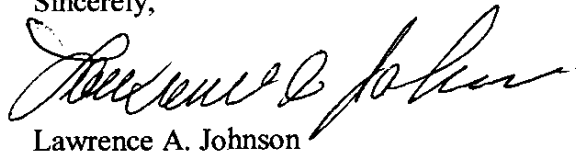
Re: Document # P98000098345

To whom it may concern:

Enclosed please find our check for the amount of \$150.00. We will not accept the fine of \$400.00 due to the fact that we never received our first notice of the 1999 profit corporation annual taxes. We are a new corporation filed as of November 23, 1998. We are using a personal post office box which we believe that the postmaster did not recognize the J Bar J corporate name and may have returned the first notice. This problem with the postmaster has been resolved.

Please accept my check of \$150.00 as paid in full. If you have any questions please feel free to contact me personally.

Sincerely,



Lawrence A. Johnson