## 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

May 13, 1999 8:00 am Secretary of State

05-13-1999 90039 004 \*\*\*150.00

DOCUMENT #	P98000105003
1. Corporation Name	

J. F. INTERNATIONAL, INC.

Principal Place of Business (245):

Mailing Address WAS:

2040 CLAWFORD ST.

2040 CRAWFOLD ST.

DO NOT WRITE IN THIS SPACE

Fr. MYERS (F. 3390) FT MYERS, FL. 33901 3. Date Incorporated or Qualifed DECOMBER 17, 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For P.O. Box 448 Suite, Apt. #, etc. 2038 HENIEU PIACE Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be FT. MYERS, Added to Fees Trust Fund Contribution Country 8. This corporation owes the current year Intangible\_ \_\_ USA □No Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent H. ANTHONY HeisT JAMIS A. FITZPATRICK Street Address (P.O. Box Number is Not Acceptable) ACTORNEY AT LAW 1661 ESTERO BIVD. STETZO 82 83 FT. MYENS, FL. 339.32 FeIdA 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 family a with, and accept the obligations of, Section 607.0505, Florida Statutes. JANIS TEPATRICK SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE JANIS A FITZPATRICK 263 S. Will'S RANCH ROAD 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS RICA FL. 33930 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition ☐ Change 2.1 TITLE TITLE 22 NAME STREET ADDRESS 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ DELETE ☐ Change TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 34. CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIF CITY-ST-ZIP DELETE 61 TITLE Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-999-3619

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