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**

DOCUMENT # P98000107229

JURNIGAN AND COMPANY

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90154 042 ***150.00



Principal Plac	ce of Busines	s	Mailing Add	ress				i 1881)98) (is 1818) (ett) 88111 88121 1001 88111 (est) 1816 (1816 1817 1817	
7120 SE 148 STREET 17120 SE 148 STREET									
HAWTHORNE FL	L 32640		HAWTHORNE	HAWTHORNE FL 32640				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualifed	
								12/20/1998	
2. Principal Place of Business 2a. Mailing Addre								4. FEI Number Applied For	
21			26	26				59.3562454 Not Applicable	
Suite, Apt	. #, etc	·	- Suite, A	- Suite, Apt. #, etc.				5. Certificate of Status Desired	
22			27					5. Certificate of Status Session El Fee Required	
City & Sta	te		City & S	City & State				6. Election Campaign Financing \$5.00 May Be	
23				28				Trust Fund Contribution Added to Fees	
Zip		Country	Zíp	F.	Country			8. This corporation owes the current year Intangible Personal Property Tax.	
24	0 Name	25 29 30 9. Name and Address of Current Registered Agent		SU	<u> </u>		Personal Property Tax. Yes You 10. Name and Address of New Registered Agent		
	p. Name	and Address of Cu	ment Registerou Ag	ψ14 .		81	Name	Te. Harris and Alassa street, vegetaring	
JURN	NIGAN, MOI	NICA				82	<u> </u>		
1712	O SE 148 S	STREET					Street A	t Address (P.O. Box Number is Not Acceptable)	
HAW	THORNE F	L 32640				83			
							<u> </u>		
						84	City	FL 85 Zip Code	
11. Pursuant	to the provis	sions of Sections 607.	.0502 and 607.1508,	Florida Statute	s, the a	bove	-named o	corporation submits this statement for the purpose of changing its registered	
office or	registered ag	ent, or both, in the Si	tate of Florida. Such o oligations of, Section (change was au	thonze	a by 1	the corpor	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE		-							
SIGNATURE	Signature, typed	or printed name of registered		(NOTE:		i Ageni	t signature req	equired when reinstating) DATE	
12.	,	OFFICERS	S AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE				☐ DELETE	1,1 T		.	Change DAddition	
NAME					1.2 N			JOHN W JURNIGAN 17120 SE 148 HI ST	
STREET ADDRESS	3						ADDRESS	HOWTHOLDE FL 32640	
CITY-ST-ZIP			·	☐ DELETE	1.4 CITY- 2.1 TITLE		-ZIP	HAWTHOINE, FL 32640 5 Change DANGTION	
TITLE			. '		2.1 N			MALICA TURNIGAN	
NAME							ADDRESS	17120 SE 148+43+ HAWTHOFNE, FL 32640	
STREET ADDRESS	٠.					TY-S	T. 710 -	-HAWTHOFNE F1 - 32640	
TITLE	 			DELETE	3.1 T		1-21	☐ Change ☐ Addition	
NAME	1		·		3.2 N				
STREET ADDRESS	,						ADDRESS		
CITY-ST-ZIP						HY-S1			
TITLE		•		☐ DELETE	4.1 T	TLE		☐ Change ☐ Addition	
NAME					4.21	IAME			
STREET ADDRESS	;				4.3 S	TREET	ADDRESS		
CITY-ST-ZIP	<u> </u>			•	4.4 C	ITY-\$T	-ZIP		
TITLE	,		* '	DELETE	5.1 ⁻ 1			☐ Change ☐ Addition	
NAME	1				5.2 N				
STREET ADDRESS	s						ADDRESS		
CITY-ST-ZIP				<u> </u>		ITY-ST	r-ZIP		
TITLE				☐ DELETE	6.1 TI			Change Addition	
NAME					6.2 N				
STREET ADDRESS	S						ADORESS		
CITY ST 7ID	1				■ 6.4 C	ITY-ST	-4IP	I	

14. 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