

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

DOCUMENT # P98000107295

JURASIC ENTERPRISES, INC.

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90069 033 ***158.75

Principal Place of Business
100 WILLOW AVENUE
TAMONTE SPRINGS FL 32714

Mailing Address
100 WILLOW AVENUE
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1998

Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year
Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERRMAN, WILLIAM R ESQ.
409 MONTGOMERY ROAD
SUITE 105
ALTAMONTE SPRINGS FL 32714

81 Name Harmony Lynn Howell

82 Street Address (P.O. Box Number is Not Acceptable)

1881 Arista Terrace

83

84 City Deltona

FL

85 Zip Code 32725

I, 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 Harmony Lynn Howell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 6/30/99

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE

1.1 TITLE

President

☐ Change ☒ Addition

2. NAME

1.2 NAME

Judson L. Otte

3. STREET ADDRESS

1.3 STREET ADDRESS

100 Willow Avenue

4. CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

Altamonte Springs, FL 32714

5. NAME ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

6. NAME

2.2 NAME

7. STREET ADDRESS

2.3 STREET ADDRESS

8. CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

9. NAME ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

10. NAME

3.2 NAME

11. STREET ADDRESS

3.3 STREET ADDRESS

12. CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

13. NAME ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

14. NAME

4.2 NAME

15. STREET ADDRESS

4.3 STREET ADDRESS

16. CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

17. NAME ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

18. NAME

5.2 NAME

19. STREET ADDRESS

5.3 STREET ADDRESS

20. CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

21. NAME ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

22. NAME

6.2 NAME

23. STREET ADDRESS

6.3 STREET ADDRESS

24. CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/99 (407) 788-9279

CR2E034 (5/99)