## 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 # **P98000108366**1. Corporation Name

JB SERVICE & SUPPLY, INC.

Mailing Address

4350 N.W. 19TH AVE..STE.C POMPANO BEACH FL 33064 4350 N.W. 19TH AVE., STE.C POMPANO BEACH FL 33064

## **FILED** May 01, 1999 8:00 am Secretary of State

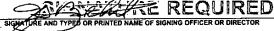
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DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed		
					12/31/1998		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	] A	pplied For
21		26			65-0884522	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year Intangii		Ŀł√No
24 25 29 30				T cloudal Flopolity Tax.			L NO
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Registered Age	nt	<del> </del>
0.470	NUTTION LOTY D		181	Name			
BATCHELOR, JOEY D				Street Add	Iress (P.O. Box Number is Not Acceptable)		
4350 N.W. 19TH AVE.,STE.C			L				
POMPANO BEACH FL 33064				3			
			84	City	FL <sup>8</sup>	5 Zip	Code
						nging it	rogistored
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, f Plorida, Such change was auth	, the abov	/e-named corp / the comorat	poration submits this statement for the purpose of char ion's board of directors. I hereby accept the appointment	nging it ent as r	s registered egistered
agent. I a	am familiar with and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	S.	<u> </u>		
SIGNATURE	C A Laboratoria	<del>/</del>			4/26/90	7	
OIOI WATORE	Signature, typed or printed name of registered agent a			ent signature requir	ed when remaining)		000 111 40
12.	OFFICERS AND		13		ADDITIONS/CHANGES TO OFFICERS AND D	RECTI Change	ORS IN 12 ☐ Additio
TITLE	D /	☐ DELETE	1.1 TITLE		لــا	l cusude	L. AGUIDOI
NAME	BATCHELOR, JOEY D		1.2 NAME				
STREET ADDRESS	4350 N.W. 19TH AVE.,STE.C		1.3 STREE	ET ADDRESS			
CITY+ST-ZIP	POMPANO BEACH FL_33064		1,4 CITY-5	ST-ZIP			
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NAME			2.2 NAME				
STREET ADDRESS	<del>.</del>		2.3 STREE	ET ADORESS .	والرواد فالمعربين فالمسا		
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		<u> </u>	4. 2 NAME	.		_	
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NAME AND THE			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADDRESS			
CITY-ST-7IP			6.4 CITY-5	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.



954-979- 5870