Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90080 023 ***155.00

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 # **S06563**

1. Corporation Name

J.B. ENTERPRISES OF OLDSMAR, INC.

Principal Place of Business		Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
9240 BONITA BEACH RD		9240 BONITA BEACH RD								
STE 3314 Bonita Springs Fl 34135		STE 3314 Bonita Springs FL 34135				DO NOT WRITE IN THIS SPACE				
US	10 TE 44130	US				3. Date Incorporated or Qualifed				
						10/15/1990				-
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		_	Apı	olied For
21		26			59-3037937			No	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional					
22		27			5. Certificate of Stat	JS Desired L		Fee Re	quired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be					
13		28			Trust Fund Contribution Added to Fees					
Žip	Соилtry	Zip Country			8. This corporation owes the current year Intangible					
24	25	29	30			Personal Propert	y Tax.		☐ Yes	No
	9. Name and Address of Current	Registered Agent		L		10. Name and Addr	ass of New Reg	istered A	gent	
				81	Name	Rowthol	TOM	05 s	4	ļ
Barthel, James A.				82	Street Addr	ess (P.O. Box Number i	S Not Acceptable	9)		
30 FALCONWOOD COURT				~	1242	4 CACO PI	UM LA	ne_		
FT MYERS FL 33919				83	1000	, , ,		•••		
									as Zin C	ode
				84	City Y)	n les		FL	85 Zip C	119
11. Pursuant t	the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the a	bove	e-named corp	ation submits this stat	ement for the pu	rpose of o	hanging its	registered
== office-or-re	o the provisions of Sections 607.0302 ogistered agent, or both, in the State of in familiar with, and accept the obligation	Florida, Such change was aut	thorized da Stat	i by i	the corporation	n's board of directors. I	nereby accept to	ne appoin	tment as req	jistered
	it familial with, and accept the obligate	113 01, 30011011 001.0303, 1 1011	ou ou	Ģioo.						{
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: f	Registered	l Agen	t signature required	d when reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHA	IGES TO OFFIC	CERS AN		
TITLE	DPS	☐ DELETE	1,1 TI	TLE					☐ Change	☐ Addition
NAME	BARTHEL, JAMES A.		1.2 N	ME			,			Ì
STREET ADDRESS 9240 BONITA BEACH RD STE 3314			1.3 STREET ADDRESS							
CITY-ST-ZIP	BONITA SPRINGS FL 34135		1.4 CI	TY-ST	r-ZIP					
TITLE	Ť	☐ DELETE	2.1 TI	TLE					☐ Change	☐ Addition
NAME	BARTHEL, JAMES A.		2.2 N	AME						
STREET ADDRESS	9240 BONITA BEACH RD STE 3	314	2.3 \$	REET	ADDRESS					ŀ
CITY-ST-ZIP	BONITA SPRINGS FL 34135			ITY-S	i					
TITLE	DOMEN OF THE CONTROL	☐ DELETE	3.1 TI						Change	☐ Addition
NAME			3.2 N		ŀ					
1					ADDRESS					
STREET ADDRESS				ITY-S						
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4.1 Ti	_	1-41	, 1417.			Change	
			4. 2'N							
NAME					ADDRESS	• •				İ
STREET ADDRESS										
CITY-ST-ZIP		DELETE	5.1 TI	TY-\$1	1-2117			_	Change	Addition
TITLE		CH OCCCIT	5.2 N				•	•		_
NAME			- 6		ADDRESS	. (3%)				
STREET ADDRESS				TY-SI	į	75 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,ç'ı,			,
CITY-ST-ZIP		☐ DELETE	6.1 Ti		, - <u>CII</u> -	113.45			Change	Áddition
TITLE		C DELETE	6.2 N							
NAME			8		ADDRESS					[
STREET ANDRESS			0.33	INCE	- LUCKE33					J

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP