

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).

FILED
Jul 14, 1999 8:00 am
Secretary of State
07-14-1999 90007 027 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S06681
1. Corporation Name
JERRY'S ENTERPRISES OF ST. LUCIE COUNTY, INC.

Principal Place of Business 5311 SUNSHINE STATE PARKWAY FEEDER ROAD FORT PIERCE FL 34951	Mailing Address 5311 SUNSHINE STATE PARKWAY FEEDER ROAD FORT PIERCE FL 34951
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1990	4. FEI Number 65-0225823	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

LAWRENCE, JERALDINE
5311 SUNSHINE STATE PARKWAY
FEEDER ROAD
FT. PIERCE FL 34951

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> DELETE
NAME	LAWRENCE, JERALDINE
STREET ADDRESS	C/O HABITS GRILL, 5311 SUNSHINE ST. PKWY.
CITY-ST-ZIP	FORT PIERCE FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

I never received the first notice
Jay Lawrence

14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report an officer or director of the corporation or the receiver or trustee empowered to execute the 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 *Jeraldine Lawrence* **July 6 -99 467-1069**

CR2E034 (5/99)