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 # S11965 1. Corporation Name

JEAN B. KARR AND ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address					
205 EAST THIRD AVE MOUNT DORA FL 32757 US		205 E THIRD AVE MOUNT DORA FL 32757 US			DO NOT WRITE IN THIS SPA	ACE	,
00		•••			3. Date Incorporated or Qualifed		
					11/09/1990	1 1 4	U. d C
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applicable
21		26			59-3037644	8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Rec	
City & State	e	City & State				\$5.00 N Added to	
23 Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangil	ble Yes [XINo
24	25		30		Telabilat Hoperty Tux:		AUNO
	9. Name and Address of Curre	nt Registered Agent		B1 Name	10. Name and Address of New Registered Age	nit .	
1/45	D IEAN D			B1 Name			
KARR, JEAN B. 205 EAST THIRD AVE MOUNT DORA FL 32757			82 Street Add		ess (P.O. Box Number is Not Acceptable)		
			1	83			
t		·	7	84 City	FL ⁸	5 Zip C	ode
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicable. (NOTE:	Registered A	gent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTOR	
TITLE	D	☐ DELETE	1.1 TITL	E] Change	Addition
NAME	KARR, JEAN B.		1.2 NAM	AE.			
STREET ADDRESS	AND DE THIRD AND		- E	REET ADDRESS			
	MOUNT DORA FL		1.4 CIT				
CITY-ST-ZIP TITLE	MOON DOWN			Y-S1-78P	•		
NAME		☐ DELETE	2.1 TITL] Change	Addition
STREET ADDRESS		☐ DELETE	2.1 TITL 2.2 NAA	.E] Change	Addition
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TITLE		☐ DELETE	2.2 NAA 2.3 STR	E Æ] Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.2 NAA 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAA 3.3 STR 3.4. CIT	LE AE] Change	☐ Addition
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CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

E OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 20, 1999 8:00am

Secretary of State

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