FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(0)

FILED

Feb 04 1998 8:00am

Secretary of State

F&JP	PROPERTIES, INC.			 	
Dringland Dings	of Business	Mailing Address	 	-{	A BIBA BEBA TEBA DIBA DIBER DE SE DE LOCA
Principal Place		•		<u> </u>	
49 SPADEFISH LANE OCEAN REEF CLUB		P O BOX 301 HARRODS CREEK KE 40027			
KEY LARGO FL 33037		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/27/1990	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3042765	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	, , ,	Certificate of Status Desired	\$8.75 Additional
22		27 49 SDADE	FISH LN Country Country	b. Certificate of Status Desired	Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Ley MAR	60, TL,	Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible
24	25	29 3 30 37 3	MONRO		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
	ALLS, JOYCE ANN		B1 Name		
HOLIDAY INN DOCKSTORE			82 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)
	01 OVERSEAS HWY				,
KEY	/ LARGO FL 33037		83		
			84 City		85 Zip Code
] ",		
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607.0505, Florid	thorized by the corporation of t	oration submits this statement for the pon's board of directors. I hereby accept	ot the appointment as registered
	Signature, typed or printed name of registered agent		Registered Agent signature require	· · · · · · · · · · · · · · · · · · ·	DATE CONTROL IN THE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	HENDRICKS, JAMES W.	- Decere	1.1 TiTLE		
NAME	49 SPADEFISH LANE		1.2 NAME		
STREET ADDRESS	KEY LARGO FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	NET DATOUTE	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DETEIE	2.1 TITLE		L_ Change L_ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		I No.	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			■		

14. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this eport 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