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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

JOLECL, INC.

FILED

May 07 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 4135 CAUSEWAY BLVD TAMPA FL 33619 TAMPA FL 33619	·· ···· · · · · · · · · · · · · · · ·
	DO NOT WRITE IN THIS SPACE
	porated or Qualified
2. Principal Place of Business 2a, Mailing Address 4, FEI Number	
21 26 59-305	5954 Not Applicable
27	of Status Desired \$8.75 Additional Fee Required
23 Trust Fund	mpaign Financing \$5.00 May Be Contribution Added to Fees
24 25 29 30 Personal Pr	ation owes or has paid the current year Intangible roperty Tax due June 30.
The state of the s	Address of New Registered Agent
CLEMONS, JOHN L 81 Name	
4516 CAUSEWAY BLVD. 82 Street Address (P.O. Box Num	nber is Not Acceptable)
TAMPA FL 33619	
84 City	FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits thi office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of direct agent. Fam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. 	is statement for the purpose of changing its registered ctors. I hereby accept the appointment as registered
SIGNATURE Standard proceed for a charge of red agree and the diagree and (NOH, Highstered Agont signature required wher reinstating)	7 <u>7 5 7 0</u>
	CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE	Change Addition
NAME CLEMONS, JOHN L 12 NAME	ļ
STREET ADDRESS 4135 CAUSEWAY BLVD 1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 1.4 GITY-ST-ZIP	<i>Q</i> .
THLE VP 21 TITLE CLEMONS	Poth a Change Addition Calest way BLW That Change Addition
NAME SANDERS, JOHN-W	CALICE HAVE RIVE
STREET ADDRESS 4135 CAUSEWAY BLVD 2.3 STREET ADDRESS 4/3-5	CBUSP WAY DAVE
TAMPA FL 2.4 CHY-ST-ZIP TAMPA FL 2.4 CHY-ST-ZIP TAMPA FL ADELETE 3.1 THE	<i>FA</i>
AAAP AALIAMAAA ALIAM	97
TANDA PI	
CITY-ST-ZIP	Change Addition
NAME 4.2 NAME	U orange U Addition
STREET ADDRESS 4.3 STREET ADDRESS	
C(TY-ST-ZIP 4.4 C)TY-ST-ZIP	
TITLE DELETE 51 TALE	L Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5 3 STREET ADDRESS	XS10
CITY-ST-ZIP 5.4 CiTY-ST-7IP	/ · ()
TITLE DELETÉ 6.1 TITLE	0002516799 Addition 08/98-01030-029
NAME 6.2 NAME -05/	08/3801030029
	58.75
City St-ziP 6.4 City-St-ziP 6.4 City-St-ziP 6.4 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	

Indicated on this annual report or suppliemental 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 altrachment with an address