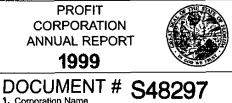
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name JJJ, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90073 015 ***150.00

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Principal Place	e of Business	Mailing Address					. 1841 QISH BIRL			_
316 N. MAIN ST.			316 N. MAIN ST.				~ • •	•		
GAINESVILLE F	L 32601	GAINESVILLE	GAINESVILLE FL 32601			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						04/25/1991				
2. Principal Place of Business		2a. Mailing A	Address			4. FEI Number		Ap	plied For	
21		26	26			59-3062917			t Applicable	
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75		Ì
22			27					Fee Re	- '	
City & State		— ·	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip Country		Zip	Zip Country			8. This corporation owes the curren	nt vear Intan			
24	25	29	<u> </u>	30	•	Personal Property Tax.			□No	ļ
	9. Name and Address of Curre			T		10. Name and Address of New Re	egistered Aç	gent		1
				81	Name					Į
	TER, JAMES D.				Street Ad	dress (P.O. Box Number is Not Acceptate	ress (P.O. Box Number is Not Acceptable)			
	NORTHEAST FIRST ST.									
GAIN	NESVILLE FL 32601	•		83						
				84	City			85 Zip (Code	
	5 O - 1 - 007 OF	00 4 007 4500 5	Tarida Ctatuta	a the shou	named so	moration authorite this statement for the r	FL ournose of ch	anging its	registered	
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	of Florida. Such e	hange was au	s, the above thorized by	the corpora	rporation submits this statement for the p tion's board of directors. I hereby accept	the appoint	nent as re	gistered	چ.
agent, I a	m familiar with, and accept the obliga	ations of, Section 6	607.0505, Flori	da Statutes	3.					
SIGNATURE	Signature, typed or printed name of registered age									١
	Signature, typed or printed name of registered egr	ent and title if applicable.	(NOTE: (Registered Age	nt signature requ	ired when reinstating)	DATE			Í
12.		ND DIRECTORS		Registered Age	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND			60,
12.	OFFICERS AI	ND DIRECTORS	(NOTE: (nt signature requ		ICERS AND	DIRECTO	DRS IN 12	44,00
	D JENNINGS, JOHN C., JR.	ND DIRECTORS		13.	nt signature requ		ICERS AND			724 /44 /09
TITLE	OFFICERS AI D JENNINGS, JOHN C., JR. 316 N. MAIN ST.	ND DIRECTORS		13. 1.1 TITLE 1.2 NAME	nt signature requ		ICERS AND			DE024 /44/00)
TITLE NAME STREET ADDRESS CITY- ST-ZIP	D JENNINGS, JOHN C., JR.	ND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS		ICERS AND	Change	☐ Addition	CD2E024 (44,00)
TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	OFFICERS AI D JENNINGS, JOHN C., JR. 316 N. MAIN ST.	ND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	T ADDRESS		ICERS AND			CHOE024 /44/00)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AI D JENNINGS, JOHN C., JR. 316 N. MAIN ST.	ND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS ST-ZIP		ICERS AND	Change	☐ Addition	VED 25034 (11/08)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AI D JENNINGS, JOHN C., JR. 316 N. MAIN ST.	ND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP		ICERS AND	Change	☐ Addition	(44,00)
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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 of the receiver of 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 or the attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED SIGNATURE AND TYPED OR PRINCED NAME OF STANLING OFFICER OR DIRECTOR