

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

FILED

Mar 03 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S78477

(4)

1. Corporation Name

J. B. & ASSOCIATES INC.

Principal Place of Business

13954 WHISPERWOOD DR.
CLEARWATER FL 34622
US

Mailing Address

13954 WHISPERWOOD DR.
CLEARWATER FL 34622-3348
US

3. Date Incorporated or Qualified

09/04/1991

3a. Date of Last Report

07/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3084430

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

BARBIERI, ELIZABETH A
13954 WHISPERWOOD DR.
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name BARBIERI, JOSEPH J
82 Street Address (P.O. Box Number is Not Acceptable)
13954 WHISPERWOOD DR.
83
84 City CLEARWATER FL 85 Zip Code 34622

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

Signature: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

P
TITLE
NAME BARBIERI, JOSEPH J.
STREET ADDRESS 13954 WHISPERWOOD DR
CITY-ST-ZIP CLEARWATER FL
DELETEV
TITLE
NAME BARBIERI, NICHOLAS J
STREET ADDRESS 9798 55TH AVE. N.
CITY-ST-ZIP ST PETERSBURG FL
DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97 813-556-2509

CR2E034 (9/96)