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 # S78477

(4)

| J. B. & | ASSOCIATES INC. | | | | <u> </u> |
|--|--|--|---|--|--|
| Principal Plac | e of Business | Mailing Address | | | |
| 13954 WHISPERWOOD DR. | | 13954 WHISPERWOOD DR | | | |
| CLEARWATER FL 84822 US B. 12.76.2. | | CLEARWATER FL 94022- US マッパフ | | DO NOT WRITE IN THIS SPACE | |
| 00 | 38762 | us 3376° | 4 | 3. Date Incorporated or Qualified | |
| | | | | 09/04/1991 | |
| 2. Principal Place of Business | | 2a, Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-3084430 | Not Applicable |
| Sulte, Apt. #, etc. | | Suite, Apl. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Ζιρ | Country | 8. This corporation owes or has paid the cu | rrent year Intangible |
| 24 | 25 | | 30 | | Yes No |
| | g, Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New Registered | |
| Barbieri, Elizabeth a 13954 Whisperwood Dr. | | | | BARBIERI, JOSEPH ress (P.O. Box Number is Not Acceptable) 754 WHIS PERWOO | |
| CLEARWATER FL 34622 | | | 139 | 354 WHISPER WO | DO DR. |
| Ţ | | | 83 | | |
| • | | | 84 City C. | -EARWATER FL | 85 Zip Code 3 3 7 6 2 |
| 11. Pursuant office or r agent. I a | to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig | 02 and 607,1508, Florida Statute e of Florida. Such change was au gations of, Section 607,0505, Flor | s, the above-named corp athorized by the corporal ida Statutes. | poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap- | of changing its registered pointment as registered |
| SIGNATURE | Stockling Uppet or printed have not tage tened ag | eri | Registered Agent signature requi | ired when reinstating) DATE | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS IN 12 |
| TITLE | P | DELETE | 0.00 | D | No. 044044 |
| NAME | BARBIERI, JOSEPH J. | | 1.2 NAME | SARBICAT JOSEPH J. | |
| STREET ADDRESS | 13954 WHISPERWOOD DR | | 1.3 STREET ADORESS | BARBIERT JOSEPH J. | |
| CITY-ST-ZIP | CLEARWATER FL 33 | 162 | 1.4 CITY-ST-ZIP | ELEARIN ATTR, FL 3 | 3.76 2- |
| TITLE | | DELETE | 21 THLE \ | | ☐ Change |
| NAME | | | 22 NAME IS | ARBIRRI, ELLZABRYG 3954 WILLIERRWOOD DR | A . |
| STREET ADORESS | | | | | |
| CITY-ST-ZIP | | | 2 4 CITY-ST-ZIP | CLEAR WATER, FL 3 | 3762 |
| 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 |

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 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 attachment with an address.

4. 2 NAME

51 THILE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 CITY-ST-ZIP

CICMATUDE.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

XX Barbien

4/8/98 8135562509

FILED

May 04 1998 8:00am

Secretary of State

CR2E034 (10/97)

Addition

Addition

☐ Change