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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Sangra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # S98946

(4)

J. R. DANGER ENTERPRISES, INC.

Mailing Address

FILED Jan 30 1998 8:00am Secretary of State



Principal Place of Business 209 EAST ANN STREET 209 FAST ANN STREET PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0300817 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WARCHOL, MARTHA S. 1633 SE 47TH TER Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 84 City Zip Code 85 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, typed or printed riame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change \_\_\_ Addition 1.1 TITLE TIT! F RANDOLPH, III, JAMES G 1.2 NAME NAME P.O. BOIX 3816 N/A STREET ADDRESS 1.3 STREET ADDRESS NORTH FT. MYERS FL 33918 CITY-ST-ZIP 1.4 City-St-ZiP DELETE 2.1 TITLE ☐ Change Addition TITLE RANDOLPH, IV, JAMES G 2.2 NAME NAME P.O. BOX 3816 N/A STREET ADDRESS 2.3 STREET ADDRESS NORTH FT. MYERS FL 33918 2. 4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ Change ... Addition RANDOLPH, JASON G NAME 3.2 NAME PO BOX 3816 STREET ADDRESS 3.3 STREET ADDRESS NORTH FT MYERS FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE A 1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE 5.1 TITLE ☐ Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 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: / Lame & MANIETTE BAMES E. RANDOLIH TIE 1-24-92 941-625-9505

CR2E034 (10/97)