


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

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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90010 040 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S98946</b> 1. Corporation Name <b>J. R. DANGER ENTERPRISES, INC.</b>					
Principal Place of Business <b>209 EAST ANN STREET PUNTA GORDA FL 33950</b>			Mailing Address <b>209 EAST ANN STREET PUNTA GORDA FL 33950</b>		
2. Principal Place of Business 21 <b>503 MCGREGOR ST</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>503 MCGREGOR ST</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/09/1991</b>	
22 <b>PUNTA GORDA FL</b> City & State Zip Country 24 <b>33950</b> 25		27 <b>PUNTA GORDA FL</b> City & State Zip Country 29 <b>33950</b> 30		4. FEI Number <b>65-0300817</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>WARCHOL, MARTHA S. 1633 SE 47TH TER CAPE CORAL FL 33904</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PDST	<input type="checkbox"/> DELETE			
NAME	RANDOLPH, III, JAMES G				
STREET ADDRESS	P.O. BOX 3816 N/A				
CITY-ST-ZIP	NORTH FT. MYERS FL 33918				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	RANDOLPH, IV, JAMES G				
STREET ADDRESS	P.O. BOX 3816 N/A				
CITY-ST-ZIP	NORTH FT. MYERS FL 33918				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	RANDOLPH, JASON G				
STREET ADDRESS	PO BOX 3816				
CITY-ST-ZIP	NORTH FT MYERS FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS	<b>503 MCGREGOR ST</b>				
1.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>				
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS	<b>503 MCGREGOR ST</b>				
2.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>				
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS	<b>503 MCGREGOR ST</b>				
3.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 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, with all other like empowered.

SIGNATURE:

*James G. Randolph III*  
JAMES G. RANDOLPH III  
President

1-30-99

Date

941 625-9905

Daytime Phone #

CR2E034 (11/98)