PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V05915

1. Corporation Name

J. C. R. JR., INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90024 043 ***150.00



Principal Place of Business Mailing Address									
36 FAIRVIEW DRIVE. N. HAINES CITY FL 33844		P. O. BOX 1638 WINTER HAVEN FL 33882 US		DO NOT WRITE IN THIS SPACE					
US		00		3. Date Incorporated or Qualifed 01/09/1992					
2. Principal Place of Business . 2a. Mailing Address					4. FEI Number	-	Ap	plied For	
	PIRVIEW DRIVE M	26 P.O. BOX 1638			65-0304489		No	t Applicable	j
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional	1
22		27			5. Certifcate of Status Desired		Fee Re	quired	
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be		
	ies City, FL,	28 WINTER HAUSI	✓ Countr	Fl.	Trust Fund Contribution		Added t	o Fees	ĺ
Zip 3384	44 Country Polk	29 3388V 30	5 COUNTY	DOIK	This corporation owes the curre Personal Property Tax.		☐Yes	□No	
	9. Name and Address of Current	Registered Agent		~	10. Name and Address of New R	egistered A	gent		ļ
			81	Name	•				Ì
	ISBOTTOM, JAMES C JR	82 Street Addr		ress (P.O. Box Number is Not Accepta	ble)			ł	
#36	FAIRVIEW DR N			olieet Addi					
HAIP	NES CITY FL 33844		83	3					
			<u> </u>	4 0"		_	85 Zip (Code	1
			84	4 City		FL	85 Zip (-oue	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	ne abov	ve-named corp	poration submits this statement for the	purpose of o	hanging its	registered	1
office or I	to the provisions of Sections 607.0502 registered agent for both, in the State of lamitar with, and accept the obligations.	f Florida. Such change was author	ized by Statute	y the corporation	on's board of directors. I hereby accep	t the appoin	tment as re	gistereo	
	in ramilar with and accept the dowgan	Age of Dree	Jiaiaio	o.		4/18	199		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable: (NOTE: Regis	tered Age	ent signature require	od when reinstating)	DATE	. <i> 11</i>) _@
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO		(11/98
TITLE	PT	☐ DELETE	1.1 TITLE		-		Change	☐ Addition	1 5
NAME	RAMSBOTTOM, JAMES C., JR		1.2 NAME		•				2
STREET ADDRESS	AS CAIDMEN DONE	<u> </u>	1.3 STREE	ET ADDRESS					R2F034
CITY-ST-ZIP	HAINES CITY FL 33844		1.4 CITY-	ST-ZIP					1 2
TITLE	VS	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	0
NAME	RAMSBOTTOM, VIRGINIA		2.2 NAME		•				
STREET ADDRESS			2.3 STREET ADDRESS						
	HAINES:CITY:FL-33844		.2,4 CITY-ST-ZIP						1
CITY-ST-ZIP	TIMINES OF THE SOUTH	☐ DELETE	3.1 TITLE				Change	Addition	1
NAME			3.2 NAME						
				ET ADDRESS		•			1
STREET ADDRESS			3.4. CITY-						1
CITY-ST-ZIP			4.1 TITLE		· · · ·		Change	☐ Addition	1
TITLE	1		4, 2 NAME						{
NAME		B.		ET ADDRESS					
STREET ADDRESS		B		4					
CITY-ST-ZIP			4.4 CITY- 5.1 TITLE			_	Change	Addition	1
TITLE	1		5.2 NAME						
NAME				ET ADDRESS					1
STREET ADDRESS	· ·	1	5.4 CITY-	ì					1
CITY-ST-ZIP	ļ		6.1 TITLE				Change	Addition	1
TITLE	1	<u> </u>	6.2 NAME		•		☐ 5.ignige		-
NAME									

STREET ADDRESS			6.3 STRE 6.4 CITY-	ET ADDRESS					

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: