SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V26118

(2)

J & E CONSULTANTS, INC.

Principal Place of Business

Mailing Address

APPROVED AND

1997 JUL 18 AM 9: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA



543 BELLTOW DELTONA FL US	32725	543 BELLTOWER AVE. DELTONA FL 32725 US		·····	DO NOT WRITE 3. Date incorporated or Qualified 04/02/1992	3a. Date of Last Report 01/23/1996	
2, Principal Pi	2, Principal Place of Business 2a. Mailing Address 25 26				4. FEI Number	Applied For	
Suite, Apt.	BELL OWER Du	Suite, Apt. #_etc.	•		59-3122936	Not Applicable \$8.75 Additional	
22 DELTONATION Same					5. Certificate of Status Desired	Fee Required	
City & State 23	725	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 28 Volume	Zip 29	Country 30		8. This corporation owes or has paid Personal Property Tax due June :	30. 🗀 Yes 🔲 No	
	9. Name and Address of Current	Registered Agent		r · · · · · · · · ·	10. Name and Address of New Reg	Istered Agent	
t .	DNEY, JOHN P		81	Name	Samb		
543 BELLTOWER AVE DELTONA FL 32725				Street Add	Address (P.O. Box Number is Not Acceptable)		
UEC	LIONA PL 32723		83				
			84	City		FL 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							
12,	Signature, typed or printed name of registered agent OFFICERS AND			ent signature requi	ired when reinstating)	DATE	
TITLE	ST OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition	
NAME	ROONEY, ELIZABETH	Other	1.2 NAME			Change C Addition	
STREET ADDRESS	543 BELLTOWER AVE.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	DELTONA FL 32725		1.3 STREET				
TALE	P	DELETE	2.1 TITLE	п-Еп		Change Addition	
NAME	ROONEY, JOHN		2.2 NAME				
STREET ADDRESS	543 BELLTOWER AVE.		2.3 STREET	ADDRESS		Ì	
CITY-ST-ZIP	DELTONA FL 32725		2. 4 CITY~:		0000022	'468300	
TITLE		DELETE	3 1 TITLE		-D7/247	468300 97-00078e-024ddition	
NAME			3.2 NAME		****16	5.00 ****165.00	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-1				
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME	•		_	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		DELETE	5.1 TITLE	-	2-10-1-104-7-2-05-104-1	Change Addition	
·NAME		•	5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELETE	6.1 TITLE	1-411		Change Addition	
NAME			6.2 NAME			- Charles - Charles	
STREET ADDRESS				4D00CCC			
SCHULLI WANTESS			6.3 STREET	ADDRESS			

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 ghanded, or or an altechment with an address.

Devenue of Corporation Annual Reports Seatter P.O. Bex 1500 Tallaharrae, FLA 32302-1500

Hear Sur Seconds enduate of paid my seconds enduate of paid my seconds enduate of paid my ship the Charlet 1857. Filth Charlet my Check of the Charle was not Carrelled of won lot to write you a note of send the Charle again for for for two fort as the most of the most of your for your assertance.

Very hat yours Soh Valut Voon