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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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1996

SIGNATURE

(7)

DOCUMENT #
1. Corporation Name J. P. ENTERPRISES OF LAKELAND, INC.

| | 1D | Molling Address | | | | IFA WOLL WARE | | . 4.4 5.0 |
|--|--|--|---|--|---|---------------|-----------------------------|--|
| Principal Place of Business Mailing Address GROVE PARK CHEVRON 1315 HIGHWAY 98 SOUTH | | | | | | | | |
| 1315 US 98 | \$ | LAKELAND FL | | | | | | |
| Lakeland FL 33801 US | | | | | 3. Date Incorporated or Qualified 10/05/1992 | | of Last Re)4/07/19 | |
| . Principal Place | e of Business | 2a. Mailing Address | | | 4. FEI Number 59-3146293 | | | pplied For |
| | | 26 | | | 393140283 | | | lot Applicable |
| Suite, Apt. #, | etc. | Suite, Apt. #, et | c. | | 5. Certificate of Status Desired | | | Additional lequired |
| City & State | | City & State | | | 6. Election Campaign Financing | | + | May Be |
| <u> </u> | | 28 | | | Trust Fund Contribution 8. This corporation has liability for i | | | to Fees |
| Zip 1 | Country | Ζφ 29 | 30 | untry | Florida Statutes Yes | | Carloor 3 | 155.002, |
| | 9. Name and Address of C | | 30 | T | 10. Name and Address of New R | | gent | |
| | 5, Italio Lile Monto | | | 81 Name | | | | |
| PERSIC | CO. JOSEPH N. | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| PERSICO, JOSEPH N. 1315 HIGHWAY 98 SOUTH | | | 16. | | at Address (F.O. box Nullituder is that Acceptable) | | | |
| LAKELA | AND FL 33801 | | | 63 | | | | |
| | | | | 84 City | | FL | 85 Zic | Code |
| 4. Dimerical to | the are injure of Castions 607 | 0502 and 607 1508 Florida 5 | Statutes, the ab | nove-named coroor | ration submits this statement for the pur rd of directors. Thereby accept the appr | mose of cha | nging its re | egistered offic |
| familiar with, | , and accept the obligations of | Section 607.0305, Florida Git | | | | | | |
| familiar with, IGNATURE Si | signature, typed or printed name of registere | d agent and title if applicable | (NOTE Register | ed Agont signature require | | DATE | DIRECTO | RS IN 12 |
| familiar with, SIGNATURE si | lignature, typed or printed name of registere OFFICER | d agent and title if applicable S AND DIRECTORS | (NOTE Register | | od w sea reastating) ADDITIONS/CHANGES TO OFF | ICERS AND | DIRECTO | RS IN 12 |
| familiar with, SIGNATURE SI 2. | lignature, typed or printed name of registers OFFICER | d agent and title if applicable S AND DIRECTORS DELETE | (NOTE Register 13 | TITLE | | ICERS AND | | |
| familiar with, IIGNATURE SI 2. TUF AME | OFFICER D PERSICO, JOSEPH N. | d agent and title if applicable S AND DIRECTORS | (NOTE Register 13 1.1 1.2 | TITLE NAME | | ICERS AND | | |
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