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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 838703

(7)

JOHN S. JAMES CO.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 144 DRAYTON STREET 144 DRAYTON STREET P.O. BOX 2166 P.O. BOX 2166 SAVANNAH GA 31498 SAVANNAH GA 31498 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/05/1977 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 58-1276963 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUDSON, KAREN M. 1739 E 11TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32206 83 84 City 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 Lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NCITE: Registered Agent signature required when reinstating) Signature, typed or printed mask of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change Addition TITLE 1.1 TITLE JAMES, THOMAS C. NAME 1.2 NAME CR2E034 **812 DANCY AVE** STREET ADDRESS 1.3 STREET ADDRESS SAVANNAH GA 1.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE ☐ Change Addition TITLE 21 TITLE JAMES, JOHN WM. NAME 2.2 NAME 70 WILLIAMSON DR STREET ADDRESS 2.3 STREET ADDRESS RICHMOND HILL GA CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP DELETE Change ___ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 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 supplied ental 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, on an attachujent with an address.

RICHATURE: \ AMMA /4 A