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PROFIT CORPORATION ... ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 838703

1. Corporation Name

JOHN S. JAMES CO.

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90019 009 ***150.00

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	f Duninger	Mailing Address			Ļ		
Principal Place of		144 DRAYTON STREET					
144 DRAYTON STE	REEI	P.O. BOX 2166			DO NOT WRITE IN THIS SPACE		
P.O. BOX 2166 SAVANNAH GA 31	498	SAVANNAH GA 31498		3. Date Incorporated or Qualifed			
DAVAMMAN CH 31					07/05/1977		
					4. FEI Number	Applied	For
2. Principal Plac	e of Business	2a. Mailing Address			58-1276963		plicable
z. Principai Piac	26 O. 100011000	26				\$8.75 Addit	ional [
21	ats	Suite, Apt. #, etc.			-5Certificate of Status Desired	Fee Requir	ed
Suite, Apt. #,	etc.	27			Committee Committee	\$5.00 May	/ Be
22		City & State			6. Election Campaign Financing	Added to F	
City & State		28			Trust Fund Contribution		
23	Country	Zip	Country		8. This corporation owes the current year	Yes 🗀	No _
Zip		29 30	0		Personal Property Tax. 10. Name and Address of New Register		
24	9. Name and Address of Current				10. Name and Address of New Register		
	9. Name and Address of Current	. 1.08101010101	81	Name :	·		
			82	Street Add	ress (P.O. Box Number is Not Acceptable)		1
HUDS	ON, KAREN M.		82	Slieer Add		कर करते हैं। इस करते हैं।	101 (28)
#WF#1739	É 11TH STREET		83	 	一一一一一二八個的一個問題的問題		1000
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i			84	City	•	51 '	l
· ·		agregoria <u>a ser estadores estadores estadores estadores estadores estadores estadores estadores estadores esta</u>]	poration submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its re	gistered
ì	to the provisions of seath, in the State egistered agent, or both, in the State m: familiar with, and accept the obligation of the state of the stat	nt and title if applicable. (NOTE: I	Registered Age	ent signature requi	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
12.	OFFICERS AN	ND DIRECTORS	13.			☐ Change	Addition
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STREET ADDRESS				,			
			1.4 CITY-	ST-ZIP		Change	☐ Addition
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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 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report in 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this 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 indicated on this 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 indicated on this 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 indicated on this 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 indicated on this 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 indicated on this 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 indicated on the same legal effect as if made under oath; that I am an indicated on the same legal effect as if made under oath; that I am an indicated on the same legal effect as if made under oath; that I am an indicated on the same legal effect as if made under oath; that I am an indicated on the same legal effect as if made under oath; that I am an indicated oa

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