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SIGNATURE:

Mar 23 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (4)G87577 JABT CORPORATION, INC. Principal Place of Business Mailing Address 2524 N.E. 9TH AVENUE 5232 S.W. 5 PLACE CAPE CORAL FL 33909 CAPE CORAL FL 33914 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1984 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2408750 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 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 Yes Personal Property Tax due June 30. ☐ No 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCHOU, JENS A 5232 S.W. 5TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33991 83 64 City 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 Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME SCHOU, JENS A. 1.2 NAME **CR2E034** 5232 SW 5TH PLACE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33991 1.4 CITY - ST - ZIP DITY-ST-ZIP DELETE Change Addition 21 TITLE THE SCHOU, TROND 2.2 NAME NAME 5338 MAJESTIC COURT 2.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TELLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE Change \_\_ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 an attachment with arrandor section.

FLORIDA DEPARTMENT OF STATE

**FILED**