FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Feb 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (4) JCLK CORPORATION Principal Place of Business Mailing Address 709 S.W. 27TH STREET 709 SW 27TH STREET **GAINESVILLE FL 32607** 527 EAST UNIVERSITY AVE DO NOT WRITE IN THIS SPACE GAINESVILLE FL 32607 3. Date Incorporated or Qualified 05/30/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3011040 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing Added to Fees 23 Trust Fund Contribution Ζ_ip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes □ No 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FITZGERALD, CONSTANCE R 709 S.W. 27TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32607** 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition FITZGERALD. CONSTANCE R. CR2E034 NAME 1.2 NAME 709 SW 27TH STREET STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP 14 CITY-ST-ZIP Change DELFTE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - St - ZiP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ■ Addition

14. Thereby 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 suppliemental 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 componation or the reconvert or fursted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if Ahanged, or on an attachment with an address

5 2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6 3 STREET ADDRESS 6 4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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Change

Addition

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