

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90032 002 ***150.00

DOCUMENT # M83276

1. Corporation Name

JIFFY JUMP OF SOUTHEAST, INC.

Principal Place of Business

1313 WEST ADAMS ST
JACKSONVILLE FL 32204-1301

Mailing Address

1313 WEST ADAMS ST
JACKSONVILLE FL 32204-1301



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1988

4. FEI Number

59-2895563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1316 W. Adams St

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 1316 W. Adams St

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WATTERSON, GERALD E, JR
1313 WEST ADAMS ST.
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name WATTERSON, GERALD E, JR

82 Street Address (P.O. Box Number is Not Acceptable)

83 1316 W. Adams St

84 City

JACKSONVILLE

FL

85 Zip Code

32204

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WATTERSON, GERALD E., JR
STREET ADDRESS 3507 PEORIA RD.
CITY-ST-ZIP ORANGE PARK FL

TITLE DVP
NAME BLATTNER, IRMA
STREET ADDRESS 7313 W ADAMS ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME WATTERSON, GERALD E, JR
1.3 STREET ADDRESS 1316 W Adams St
1.4 CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gerald E Watterson 3/2/99

Date

Daytime Phone #

CR2E034 (11/98)