

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsiani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000012723 (1)

1. Corporation Name

JAMBAR, INC.



Principal Place of Business

Mailing Address

2148 SADLER ROAD
AMELIA ISLAND FL 32034
US

2148 SADLER ROAD
AMELIA ISLAND FL 32034
US

3. Date Incorporated or Qualified 02/18/1993	3a. Date of Last Report 06/22/1995
4. FEI Number 59-3183219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, JAMES E
2148 SADLER ROAD
AMELIA ISLAND FL 32034

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, BARBARA D	12. NAME	
STREET ADDRESS	848 GREYMONT CIR	13. STREET ADDRESS	2148 SADLER ROAD
CITY-STATE-ZIP	MARIETTA GA 33064	14. CITY-STATE-ZIP	AMELIA ISLAND, FL 32034
TITLE	D <input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, JAMES E	22. NAME	
STREET ADDRESS	848 GREYMONT CIR	23. STREET ADDRESS	2148 SADLER RD
CITY-STATE-ZIP	MARIETTA GA 33064	24. CITY-STATE-ZIP	AMELIA ISLAND, FL 32034
TITLE	D <input type="checkbox"/> DELETE	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, BARBARA L	32. NAME	
STREET ADDRESS	848 GREYMONT CIR	33. STREET ADDRESS	2148 SADLER RD
CITY-STATE-ZIP	MARIETTA GA 33064	34. CITY-STATE-ZIP	AMELIA ISLAND, FL
TITLE	D <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, WILLIAM B	42. NAME	
STREET ADDRESS	848 GREYMONT CIR	43. STREET ADDRESS	
CITY-STATE-ZIP	MARIETTA GA 33064	44. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, EMILY A	52. NAME	
STREET ADDRESS	848 GREYMONT CIR	53. STREET ADDRESS	
CITY-STATE-ZIP	MARIETTA GA 33064	54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Barbara D. Graham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA D. GRAHAM

1-30-96 904-277-0608
Date Day/Year/Phone #

CR2E034 (12/95)