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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000033170 (7)

JANSAM, INC.

| Principa | l Place | of | Business |
|----------|---------|----|----------|
|----------|---------|----|----------|

Mailing Address

## FILED Apr 30 1997 8:00am Secretary of State



| 201 NORTHEAS<br>OCALA FL 3447          | ST 20TH STREET<br>70   | 201 NORTHEAST<br>OCALA FL 3447                      |                              | ET  |  |   |                             |                   |  |
|--|--|---|------------------------------|---|--|---|-----------------------------|-------------------|--|
|  |  |   |                              |   | 3. Date Incorporated or Qualified 04/16/1996 | 3a. Date of La  | ast Report                  |                   |  |
|  | lace of Business   | 2a. Mailing Add                                     | dress                        |   | ·  | 4. FEI Number   | '                           | Applied For       |  |
| 21 Suite Ant                           |  | 26  |                              |   |  | 59-3125440  |                             | Not Applicable    |  |
| 22                                     |  | Suite, Apt. :                                       | Suite, Apt. #, etc.          |   | 5. Certificate of Status Desired             | \$8.75 Additional Fee Required  |                             |                   |  |
| 23                                     | е  | City & State  | City & State                 |   |  | 6. Election Campaign Financing Trust Fund Contribution                                    | \$5.00 May Be Added to Fees |                   |  |
| Zip<br>24                              | Country 25   | <b>Ζ</b> φ  | 3                            | Country  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No |  |   |                             |                   |  |
|  | 9. Name and Address of Curr  | ent Registered Agent                                |                              |   |  | 10. Name and Address of New Re  | gistered Agent              |                   |  |
|  | NAGAN, GREGORY S   |   |                              | 81  | Name   |   |                             |                   |  |
| ONE NORTHEAST FIRST AVENUE<br>STE. 303 |  |   | 82                           | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |   |                             |                   |  |
|  | LA FL 34471  |   |                              | 83  |  |   |                             |                   |  |
|  |  |   |                              | 84  | City   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | FL  85                      | Zip Code          |  |
| 11, Pursuant                           | to the provisions of Sections 607.0  | 502 and 607.1508, Flor                              | rida Statutes                | the above   | e-named c                                    | corporation submits this statement for the poration's board of directors. I horeby accept |                             | ng its registered |  |
| office or r<br>agent. I a              | egistered agent, or both, in the Sta<br>im familiar with, and accept the obt | te of Florida. Such cha<br>Igations of, Section 601 | ange was au<br>7.0505, Flori | thorized by<br>da Statute:  | the corpo<br>s.                              | oration's board of directors. I horeby accep  | ot the appointmer           | nt as registered  |  |
| SIGNATURE                              | •  |   |                              |   |  |   |                             | İ                 |  |
|  | Signature, typed or printed name of registered a                             |   | (NO1E                        |   | mt signature o                               | equired when reinstating)   | DATÉ                        |                   |  |
| 12.                                    |  | ND DIRECTORS  | חבוני                        | 13.   |  | ADDITIONS/CHANGES TO OFFIC  |                             |                   |  |
| TITLE                                  | D<br>Mayhew, Lawrence C  |   | DELETE                       | 1.1 TOLE  |  |   | L. Cha                      | nge 🗌 Addition    |  |
| NAME                                   | 2300 NORTHEAST 32ND STE  | DEET  |                              | 1.2 NAME  |  |   |                             |                   |  |
| STREET ADDRESS                         | OCALA FL 34479   | AEC I   |                              | 1.3 STREET  |  |   |                             | ļį                |  |
| CITY-ST-ZIP<br>TITLE                   | D  |   | DELETE                       | 1.4 CITY - S<br>2.1 TITLE   | 1- ZiP                                       |   | Cha                         | nge Addition      |  |
| NAME                                   | MAYHEW, JENNY S  |   | DITTIE                       | 2.2 NAME  |  |   | L Cila                      | rige [_] Addition |  |
| STREET ADDRESS                         | 2300 NORTHEAST 32ND STE  | REFT  |                              | 2.3 STREET  | ADDDERG                                      |   |                             |                   |  |
| CITY-ST-ZIP                            | OCALA FL 34479   |   |                              | 2.4 CITY - 1  |  |   |                             |                   |  |
| TITLE                                  |  |   | DELETE                       | 3.1 THEE  |  |   | ☐ Cha                       | nge Addition      |  |
| NAME                                   |  |   |                              | 3.2 NAM[  |  |   | _                           |                   |  |
| STREET ADDRESS                         |  |   |                              | 3.3 STREET  | ADDRESS                                      |   |                             |                   |  |
| CITY-ST-ZIP                            | •  |   |                              | 3.4. CH1Y-5   | 81-712                                       |   |                             |                   |  |
| TITLE                                  |  |   | DELFTE                       | 4.1 TITLE   |  |   | Cha                         | nge Addition      |  |
| NAME                                   |  |   |                              | 4. 2 NAME   |  |   |                             |                   |  |
| STREET ADDRESS                         |  |   |                              | 4.3 STREET  | ADDRESS                                      |   |                             |                   |  |
| CITY-ST-ZIP                            |  |   |                              | 4.4 CITY - S  | I - ZIP                                      |   |                             |                   |  |
| TITLE                                  |  |   | DELETE                       | 5.1 TITLE   |  |   | ☐ Cha                       | nge Addition      |  |
| NAME                                   |  |   |                              | 5.2 NAME  |  |   |                             |                   |  |
| STREET ADDRESS                         |  |   |                              | 5.3 STREET  | AUDRESS                                      |   |                             |                   |  |
| CITY-ST-ZIP                            |  |   |                              | 5.4 CITY - S  | T - 7IP                                      |   |                             |                   |  |
| TITLE                                  |  |   | DELETE                       | 6.1 TITLE   | -  | <del></del> -   | ☐ Cha                       | nge Addition      |  |
| NAME                                   |  |   |                              | 6.2 NAME  |  |   |                             |                   |  |
| STREET ADDRESS                         |  |   |                              | 6.3 STREET  | ADDRESS                                      |   |                             |                   |  |
| CITY-ST-ZIP                            |  |   |                              | 6.4 CI1Y - S  | 1 - 7IP                                      |   |                             |                   |  |

14. I do hereby certify that the information supplied with this fiting 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 of Block 13 if changed, or on an attachment with an address.

1/20100 (352)