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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 501809

1. Corporation Name
JEACAT, INC.

Principal Place of Business
1237 CAPE CORAL PKY
CAPE CORAL, FL. 33904

Mailing Address

3. Date Incorporated or Qualified: 9/21/1990
3a. Date of Last Report: 4/96

21 2. Principal Place of Business: 1335 CAPE CORAL PKY
22 Suite, Apt. #, etc.:
23 City & State: CAPE CORAL, FL.
24 Zip: 33904
25 Country: LEE

26 2a. Mailing Address: 1335 CAPE CORAL PKY
27 Suite, Apt. #, etc.:
28 City & State: CAPE CORAL, FL.
29 Zip: 33904
30 Country: LEE

4. FEI Number: 65-0218488 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HACKWORTH, CATHERINE
1237 CAPE CORAL PKY.
CAPE CORAL, FL. 33904

10. Name and Address of New Registered Agent

81 Name: CATHERINE SANGIOVANNI
82 Street Address (P.O. Box Number is Not Acceptable): 1335 CAPE CORAL PKY
83
84 City: CAPE CORAL FL 85 Zip Code: 33904

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: Catherine Sangiovanni (NAME CHANGE DUE TO MARRIAGE) DATE: 5/6/97
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/S ☐ DELETE	1.1 TITLE	D/P/S ☑ Change ☐ Addition
NAME	HACKWORTH, CATHERINE	1.2 NAME	SANGIOVANNI, CATHERINE
STREET ADDRESS	2219 S.E. 27TH ST.	1.3 STREET ADDRESS	2219 S.E. 27TH ST.
CITY-ST-ZIP	CAPE CORAL, FL. 33904	1.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	900002187139
STREET ADDRESS		5.3 STREET ADDRESS	-05/21/97--01110--020
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	CS 5/12/97
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: Catherine Sangiovanni CATHERINE SANGIOVANNI 5/6/97 941 945-7544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #