

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000057293 (8)

1. Corporation Name
JOTHAM CORP.



Principal Place of Business
252 E SEMORAN BLVD SUITE 603
CASSELBERY FL 32707

Mailing Address
252 E SEMORAN BLVD SUITE 603
CASSELBERY FL 32707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 5627 Catskill Ct	26 Box 3842		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State Winter Springs, FL		City & State Winter Springs, FL	
23		28	
Zip 32708	Country USA	Zip 32708	Country USA
24	25	29	30

3. Date Incorporated or Qualified

07/05/1996

4. FEI Number
59-3393936

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, STEVEN
252 E SEMORAN BLVD SUITE 603
CASSELBERY FL 32707

10. Name and Address of New Registered Agent

81 Name	Miller, Steven
82 Street Address (P.O. Box Number is Not Acceptable)	5627 Catskill Ct
83	
84 City	Winter Springs FL
85 Zip Code	32708

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STEVEN		1.2 NAME	
STREET ADDRESS	252 E SEMORAN BLVD SUITE 603		1.3 STREET ADDRESS	5627 Catskill Ct
CITY-ST-ZIP	CASSELBERY FL		1.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MELISSA		2.2 NAME	
STREET ADDRESS	289 RINGWOOD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPR FL		2.4 CITY-ST-ZIP	
TITLE	VPS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KATHRYN		3.2 NAME	
STREET ADDRESS	289 RINGWOOD DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPR FL		3.4 CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STEVEN J.		4.2 NAME	
STREET ADDRESS	289 RINGWOOD DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPR FL		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.

SIGNATURE

[Signature]

[Signature]

CR2E034 (10/97)