SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 SEP 16 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **212005** **(3)**

1. Corporation Name
JIMAR, INC.

Principal Place of Business	Mailing Address
2405 ARDSON PL STE 903A TAMPA FL 33629 US	P.O. BX 10037 TAMPA FL 33679-0037 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1958
3a. Date of Last Report: 12/31/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-6077207 ☐ 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

PERDIGON, MARGARET H
2311 LILA LANE
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name: Intrastate Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue
83
84 City: Miami **FL** 85 Zip Code: 33131

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: By: Chris C Bodell Vice Pres. Intrastate Registered Agent Corp. 9/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLLINGSWORTH, MAX H		1.2 NAME	000002295820---1
STREET ADDRESS	2405 ARDSON PLACE #903		1.3 STREET ADDRESS	-09/17/97--01088---007
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLLINGSWORTH, JAMES R		2.2 NAME	
STREET ADDRESS	7528 EASTON RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	OTTSVILLE PA 18942		2.4 CITY-ST-ZIP	
TITLE	VTSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PERDIGON, MARGARET H		3.2 NAME	
STREET ADDRESS	2311 LILA LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLLINGSWORTH, IVY M		4.2 NAME	
STREET ADDRESS	2405 ARDSON PLACE #903		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GERMANY, JOHN		5.2 NAME	
STREET ADDRESS	400 N. ASHLEY DRIVE, STE 2300		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	AD

CR2E034 (4/97)

14. I do 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: [illegible] 9/15/97 813-253-1312