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

Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 487681 (9)JEMM, INC. Principal Place of Business Mailing Address P.O. BOX 3545 P.O. BOX 3545 LAKE CITY FL 32056 LAKE CITY FL 32056 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/06/1975 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 21 59-1637813 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Yes 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HALEY, WILLIAM J 150 WEST MADISON STREET Street Address (P.O. Box Number is Not Acceptable) LAKE CITY FL 83 84 City 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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if application OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. D DELETE Addition ☐ Change TITLE 11 TITLE BUTLER, MARY B NAME 1.2 NAME CR2E034 SOUTH MARION STREET 1.3 STREET ADDRESS STREET ADDRESS LAKE CITY, FL 00000 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition Strottle, Elizabeth 2.1 TITLE TITLE POTTLE, ELIZABETH 2.2 NAME NAME 306 N. MARION ST. 04.13 Box 1229-13 STREET ADDRESS 2.3 STREET ADDRESS LAKE CITY, FL 00000 -BKC' CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE MAKY B. Whitehuest. WHITEHURST, MARY B NAME 3.2 NAME 308 N. MARION ST. 428 Frontice DR 3.3 STREET ADDRESS STREET ADDRESS LAKE CITY, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition 4 1 TITLE TITLE DAHL, JOSEPHINE B NAME 4. 2 NAME 11579 MANDARIN CO LANE STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **63 STREET ADORESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 spatial chipert with an address.

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/904)752-3m2

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