


FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90007 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name THE JAMES GANG, INC.			
Principal Place of Business 3724 SOUTH BROOKSMITH RD FT. PIERCE, FLA. 34945		Mailing Address 3724 SOUTH BROOKSMITH RD FT. PIERCE, FLA. 34945	
2. Principal Place of Business 21. FT. PIERCE, FLA 34945 Suite, Apt. #, etc. 22. City & State 23. FT. PIERCE, FLORIDA Zip Country 24. 34945 25. 26. 3724, S. BROOKSMITH RD. Suite, Apt. #, etc. 27. City & State 28. FT. PIERCE, FLORIDA Zip Country 29. 34945 30. 9. Name and Address of Current Registered Agent GERALD S. JAMES 3724 SOUTH BROOKSMITH RD FT. PIERCE, FLA. 34945		3. Date Incorporated or Qualified 8/3/78 4. FEI Number 59-1848854 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 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 familiar with, and accept the obligation of, Section 607.0505, Florida Statutes. SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 1.1 TITLE PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE 1.2 NAME GERALD S. JAMES 1.3 STREET ADDRESS 3724 SOUTH BROOKSMITH RD 1.4 CITY-ST-ZIP FT. PIERCE, FLA. 34945 2.1 TITLE V.P./DIRECTOR <input type="checkbox"/> DELETE 2.2 NAME JUDY JAMES 2.3 STREET ADDRESS 3724 SOUTH BROOKSMITH RD 2.4 CITY-ST-ZIP FT. PIERCE, FLA. 34945 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99

Date

561-4643273

Daytime Phone

CR2E034 (11/98)