SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 25 AM 11:00

DOCUMENT # 662468 (8)

1. Corporation Name
JEFF INVESTMENTS, INC.

Principal Place of Business	Mailing Address
3317 S 8TH ST TOCOMA WA 98405	3317 S 8TH ST TOCOMA WA 98405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1980	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2066650	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 is subject to intangible tax under Florida Statutes	☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Same except Tocoma should be Tacoma	26 " → "
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 —	City & State 28 —
Zip 24 — Country 25 —	Zip 29 — Country 30 —

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALLS, JAMES R 1917 E. 24TH STREET JACKSONVILLE FL 32206	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code N/A

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 N/A

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: DP NAME: WALLS, JAMES R. STREET ADDRESS: 1917 E. 24TH STREET CITY-ST-ZIP: JACKSONVILLE FL	☐ Change ☐ Addition
TITLE: S NAME: SHARPE, CHRISTINE L. STREET ADDRESS: P.O. BOX 10393 N/A CITY-ST-ZIP: JACKSONVILLE FL	☐ Change ☐ Addition
TITLE: T NAME: SHARPE, KIMBERLY STREET ADDRESS: P.O. BOX 10393 N/A CITY-ST-ZIP: JACKSONVILLE FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

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****225.00 ****225.00

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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: James R. Walls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95 (206) 756 5816

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