FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **662468** **(8)**

1. Corporation Name

JEFF INVESTMENTS, INC.

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

3. Date Incorporated or Qualified	3a. Date of Last Report
05/08/1980	07/26/1995

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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 SAME AS Above	26 3317 S. 8th St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 —
City & State 23 TACOMA, WA.	City & State 28 TACOMA, WA
Zip 24 98405 / Country 25 Pierce	Zip 29 98405 / Country 30 Pierce

9. Name and Address of Current Registered Agent

WALLS, JAMES R
1917 E. 24TH STREET
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name: NA
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James R. Walls (Signature of Registered Agent required when filing) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1-1 TITLE	DP	☐ Change ☐ Addition
1-2 NAME	WALLS, JAMES Robert	
1-3 STREET ADDRESS	1917 E. 24th Street	
1-4 CITY-ST-ZIP	Jacksonville, Florida	
2-1 TITLE	S	☐ Change ☐ Addition
2-2 NAME	Sharpe Christine L.	
2-3 STREET ADDRESS	P.O. Box 10393 N/A	
2-4 CITY-ST-ZIP	Jacksonville, Florida	
3-1 TITLE	T	☐ Change ☐ Addition
3-2 NAME	SHARPE Kimberly	
3-3 STREET ADDRESS	P.O. Box 10393 N/A	
3-4 CITY-ST-ZIP	Jacksonville, Florida	
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do 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)(k), 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 4-29-96 206-756-9846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407445 FN